

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # K24856

1. Entity Name
DESTINATION TRAVEL UNLIMITED, INC.



Principal Place of Business
**% DONNA RIZZO
8968 TAFT STREET
PEMBROKE PINES, FL 33024**

Mailing Address
**% DONNA RIZZO
8968 TAFT STREET
PEMBROKE PINES, FL 33024**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0048092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIZZO, DONNA
8968 TAFT STREET
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LAMBERSON, MARIA
STREET ADDRESS	15620 S. ROUNDTABLE RD.
CITY-ST-ZIP	DAVIE, FL
TITLE	PD
NAME	RIZZO, DONNA
STREET ADDRESS	11400 KNOT WAY
CITY-ST-ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000483256
04/11/06-80112-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/06 954 435-2