

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Apr 25, 2008 08:00 AM
Secretary of State



04182008 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 *Maria A. Lambersen*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/22/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U000000922669
05/15/08-80056-001 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Maria A. Lambersen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 934-435-0900