

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K27371

1. Entity Name
RUN AWAY TRAVEL, INC.



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

PAULINO, TOBIAS, J
HIALEAH, FL 33012 US

Mailing Address

3901 W 18TH AVE
907-A
HIALEAH, FL 33012 US



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0058750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULINO, TOBIAS J
3901 W 18TH AVE
SUITE 907-A
HIALEAH, FL 33012-4008

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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 restate.)

DATE

Apr 25/2008

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 PD
NAME PAULINO, TOBIAS J
STREET ADDRESS 12602 NW 98TH CT.
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE VD
NAME PAULINO, MANUEL
STREET ADDRESS 3374 W 72ND PL
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE STD
NAME PAULINO, ELSA
STREET ADDRESS 3374 W. 72ND PLACE
CITY-ST-ZIP HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000926279
05/20/08-80060-012 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 25/2008