

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 039 ***150.00

DOCUMENT # K44174

1. Entity Name
ON THE GO TRAVEL INC.



Principal Place of Business

1312 E LAS OLAS BLVDL
C/O VALERIANO C LOPEZ
FT. LAUDERDALE, FL 33301

Mailing Address

1312 E LAS OLAS BLVDL
C/O VALERIANO C LOPEZ
FT. LAUDERDALE, FL 33301



02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

1312 E LAS OLAS BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1312 E LAS OLAS BLVD

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

City & State

FT LAUDERDALE FL

Zip

33301

Country

USA

4. FEI Number

65-0081334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, VALERIANO C.
2612 HIBISCUS PLACE
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name **VALERIANO C LOPEZ**

Street Address (P.O. Box Number is Not Acceptable)

711 ANTIOCH AVE

City

FT LAUDERDALE FL

Zip Code
33301

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

Valeriano C Lopez

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 **P** ☐ Delete
NAME **LOPEZ, VALERIANO C.**
STREET ADDRESS **711 ANTIOCH AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Valeriano C Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

954-524-5211

Daytime Phone #