

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K63033

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SITS SOUTHERN INTERNATIONAL TRAVEL SERVICES, INC.

**Current Principal Place of Business:**

BEST TRAVEL AND TOURS  
3023 NE 5TH TERRACE  
WILTON MANORS, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

BEST TRAVEL AND TOURS  
300 E. OAKLAND PARK BLVD., PMB#325  
WILTON MANORS, FL 33334 US

**New Mailing Address:**

**FEI Number:** 65-0097944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZAMBRANO, NAPOLEON  
3023 NE 5TH TERRACE  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ZAMBRANO, NAPOLEON  
Address: 3023 NE 5TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33334

Title: S  
Name: TORRES, VICTOR H  
Address: 4583 APPALOOSA STREET  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TVP  
Name: ESPOSITO, PAUL M  
Address: 3023 NE 5TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33334

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL M. ESPOSITO

TVP

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date