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S. Certificate of Status Desired S. Name and Address of Current Registered Agent VALDES-FAULU CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State P. MANAGING MEMBERS/MEMBERS MAKE SIRET ADDRESS OTY-ST-2P TITLE NAME SIRET ADDRESS OTY-ST-2P	City & State				City & State				T-1				<u> </u>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	J		•									i	•	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or relimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Travelya..com, Inc.

CNIATURE. By: Signature and that my signature shall have the same legal effect as if made under oath; that I am a managing member or relimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Travelya ...com, Inc.

SIGNATURE: By: SIGNATURE By: SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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