

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90051 007 ****50.00

34005987



02202004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000048855			
1. Entity Name IMPERIAL MAJESTY E-TRAVEL, LLC			
Principal Place of Business 348 WILSHIRE BLVD. CASSELBERRY, FL 33308		Mailing Address 348 WILSHIRE BLVD. CASSELBERRY, FL 33308	
2. Principal Place of Business		3. Mailing Address 2419 E. COMMERCIAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 100	
City & State		City & State FT LAUDERDALE, FL	
Zip	Country	Zip	Country
33308		33308	US

4. FEI Number
20-0438731

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WASSERSTROM, ELLEN
100 W CYPRESS CREEK RD, STE 700
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, DANIEL 2419 E COMMERCIAL BLVD #100 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERRILLO, JAMES 2419 E COMMERCIAL BLVD #100 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER HEYDEN, CHRISTINA 2419 E. COMMERCIAL BLVD, STE 100 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christina Heyden Christina Heyden 4/20/04 954-630-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #