

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106958

FILED
Jul 11, 2008
Secretary of State

Entity Name: DT TRAVEL INT'L LLC

Current Principal Place of Business:

5949 NW 102ND AVENUE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5949 NW 102ND AVENUE
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-1283973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALANI, MARILYN
5949 NW 102ND AVENUE
DORAL, FL 33178 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANA PERRINA DE CAVAL, IERE
Address: 5949 NW 102ND AVENUE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: MAURIZIO MARIA CAVAL, IERE LOPEZ
Address: 5949 NW 102ND AVENUE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: SALANI, MARILYN
Address: 5949 NW 102ND AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANA PERRINA DE CAVALIERE

MGRM

07/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date