


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # L07534**

1. Entity Name  
MARKETING & RESERVATIONS (USA) INC.



Principal Place of Business 1150 NW 72ND AVE. STE 377 MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE. STE 377 MIAMI, FL 33126
--	--

**DO NOT WRITE IN THIS SPACE**



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0146712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORREIA, THOMAS 1150 NW 72ND AVE., SUITE 377 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GARCIA, MARIA C 1150 NW 72ND AVE., SUITE 377 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000571595  
07/21/06-80002-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Maria C. Garcia 7/14/06 305-471-6170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #