

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L44370

1. Entity Name
FUGAZY INTERNATIONAL TRAVEL, INC.



Principal Place of Business Mailing Address
6018 SW 18TH ST **6018 SW 18TH ST**
STE C-7 **STE C-7**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0620329 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOICE, YVONNE S
6018 SW 18TH ST
STE C-7
BOCA RATON, FL 33433

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOICE, YVONNE S
STREET ADDRESS	6018 SW 18TH ST STE C-7
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	STEWART, IRIS
STREET ADDRESS	6018 SW 18TH ST STE C-7
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	LEVITT, DREW M ESQ
STREET ADDRESS	855 SOUTH FEDERAL HWY STE 12
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S
NAME	BOICE, LAUREN A
STREET ADDRESS	6018 SW 18TH ST STE C-7
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80036-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

Yvonne S. Boice
Yvonne S. Boice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 (561) 338-8443

Date

Daytime Phone #