


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90009 017 \*\*\*158.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L44370</b><br>1. Entity Name<br><b>FUGAZY INTERNATIONAL TRAVEL, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>6018 SW 18TH ST<br/>STE C-7<br/>BOCA RATON, FL 33433</b>   |  |   | Mailing Address<br><b>6018 SW 18TH ST<br/>STE C-7<br/>BOCA RATON, FL 33433</b> |  |  |
| 2. Principal Place of Business<br><b>6006 SW 18th Street</b>   |  | 3. Mailing Address<br><b>6006 SW 18th Street</b>  |  |    |  |
| Suite, Apt. #, etc.<br><b>Suite B-3</b>  |  | Suite, Apt. #, etc.<br><b>Suite B-3</b>   |  |  |  |
| City & State<br><b>Boca Raton, FL</b>  |  | City & State<br><b>Boca Raton, FL</b>   |  |  |  |
| Zip<br><b>33433</b>  |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>65-0620329</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>BOICE, YVONNE S<br/>6018 SW 18TH ST<br/>STE C-7<br/>BOCA RATON, FL 33433</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BOICE, YVONNE S<br>6018 SW 18TH ST STE C-7<br>BOCA RATON, FL 33433             | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>STEWART, IRIS<br>6018 SW 18TH ST STE C-7<br>BOCA RATON, FL 33433                | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Stewart, Iris<br>6006 SW 18th Street - Suite B-3<br>Boca Raton, FL 33433<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>LEVITT, DREW M ESQ<br>855 SOUTH FEDERAL HWY STE 12<br>BOCA RATON, FL 33432     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BOICE, LAUREN A<br>6018 SW 18TH ST STE C-7<br>BOCA RATON, FL 33433              | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Director<br>Grody, Scott H.<br>6006 SW 18th Street-Suite B-3<br>Boca Raton, FL 33433 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE: Yvonne S. Boice</b> Yvonne S. Boice, President 3/20/06 561.338.8443<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |  |  |