

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L44370 1. Entity Name FUGAZY INTERNATIONAL TRAVEL, INC.	
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Principal Place of Business 6006 SW 18T ST STE B-3 BOCA RATON, FL 33433	Mailing Address 6018 SW 18TH ST STE C-7 BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0620329	Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOICE, YVONNE S 6018 SW 18TH ST STE C-7 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, IRIS 6006 SW 18TH ST, STE B-3 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVITT, DREW M ESQ 855 SOUTH FEDERAL HWY STE 12 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOICE, LAUREN A 6018 SW 18TH ST STE C-7 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRODY, SCOTT H 6006 SW 18TH ST, STE B-3 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/07-80005-014 150.00

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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: Yvonne S. Boice **3/19/07 (561) 338-8443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #