2008 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 04, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L44370 04-04-2008 90014 018 ***150.00 1. Entity Name FUGAZY INTERNATIONAL TRAVEL, INC. Principal Place of Business 4000000 Mailing Address 6006 SW 18T ST 6018 SW 18TH ST STE B-3 STE C-7 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0620329 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOICE, YVONNE S Street Address (P.O. Box Number is Not Acceptable) 6018 SW 18TH ST STE C-7 BOČA RATON, FL 33433 City 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 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOICE, YVONNE S NAME NAME STREET ADDRESS 6018 SW 18TH ST STE C-7 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 C(TY-ST-Z)P ☐ Delete TITLE Change Addition STEWART, IRIS NAME NAME 6006 SW 18TH ST, STE B-3 STREET ADDRESS STREET ADDRESS CiTY-ST-7/P BOCA RATON, FL 33433 CITY-ST-ZIP TD TITLE ☐ Delete Change ☐ Addition NAME LEVITT, DREW M ESQ NAME STREET ADDRESS 855 SOUTH FEDERAL HWY STE 12 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition BOICE, LAUREN A NAME STREET ADDRESS 6018 SW 18TH ST STE C-7 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE **Delete** TITLE □ Change ☐ Addition GRODY, SCOTT H NAME STREET ADDRESS 6006 SW 18TH ST, STE B-3 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

-0

RED OR PRINTED VAME OF BIGHING OFFICER OR DIRECTOR

3/20/08 (561) 338-8443