

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44370

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: FUGAZY INTERNATIONAL TRAVEL, INC.

## Current Principal Place of Business:

6006 SW 18T ST  
STE B-3  
BOCA RATON, FL 33433

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0620329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOICE, YVONNE S  
Address: 6018 SW 18TH ST STE C-7  
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete  
Name: STEWART, IRIS  
Address: 6006 SW 18TH ST, STE B-3  
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete  
Name: LEVITT, DREW M ESQ  
Address: 855 SOUTH FEDERAL HWY STE 12  
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Delete  
Name: BOICE, LAUREN A  
Address: 6018 SW 18TH ST STE C-7  
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete  
Name: GRODY, SCOTT H  
Address: 6006 SW 18TH ST, STE B-3  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LEVITT, DREW M ESQ  
Address: 4700 NW BOCA RATON BLVD.-STE. 302  
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change ( ) Addition  
Name: BOICE, LAUREN A  
Address: 6018 SW 18TH STREET-STE. C-7  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE S. BOICE

PRES

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date