2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/7/2005-90011-005-$550.00-$550.00

FILED
05 OCT -3 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08232005 Chg-P CR2E034 (10/03)

DOCUMENT # L59964

1. Entity Name
TRAVEL OPTIONS, INC.

Principal Place of Business	Mailing Address
1928 HARRISON STR HOLLYWOOD, FL 33020 US	1928 HARRISON STR HOLLYWOOD, FL 33020 US

2. Principal Place of Business	3. Mailing Address
1918 HARRISON STREET	1918 HARRISON STREET
Suite, Apt. #, etc.: 111	Suite, Apt. #, etc.: 111
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 65-0181181 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAVICENCIO, LUIS G.
2861 N.W. 47TH TERR., APT 203
LAUDERDALE LAKES, FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 __________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLAVICENCIO, LUIS G. 2861 NW 47TH TERR #203 LAUDERDALE LAKES, FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 9/29/05 (954) 922-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts OCT 05