

2006 FOR PROFIT CORPORATION ANNUAL REPORT


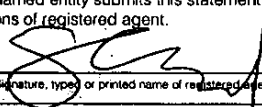
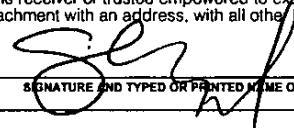
FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90289 001 ***150.00

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04062006 Chg-P CR2E034 (11/05)

DOCUMENT # M05579					
1. Entity Name GOLD STAR TRAVEL, INC.					
Principal Place of Business 19096 W DIXIE HWY. MIAMI, FL 33180 US			Mailing Address 19096 W DIXIE HWY. MIAMI, FL 33180 US		
2. Principal Place of Business 17096 West Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 17096 West Dixie Hwy Suite, Apt. #, etc.			
City & State North Miami Beach, FL		City & State North Miami Beach, FL		4. FEI Number 59-2448736	
Zip 33160 Country Dade		Zip 33160 Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLD, SHERYL H. 19096 W DIXIE HWY. MIAMI, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17096 West Dixie Highway City North Miami Beach, FL FL Zip Code 33160		
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: 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST GOLD, SHERYL 19096 WEST DIXIE HWY NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 17096 West Dixie Hwy North Miami Beach, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, SHERYL 19096 WEST DIXIE HWY MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 17096 West Dixie Hwy North Miami Beach, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: 			Date: 4/6/06 Daytime Phone #: 3059450224		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					