

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29161

FILED
Feb 29, 2008
Secretary of State

Entity Name: FOUR SEASONS TRAVEL SERVICES, INC.

Current Principal Place of Business:

C/O M. OSCAR FREIXAS
14 NE 1ST AVE., SUITE 704
MIAMI, FL 33132

New Principal Place of Business:

C/O M. OSCAR FREIXAS
25 SE 2ND AVE., SUITE 425
MIAMI, FL 33131

Current Mailing Address:

C/O M. OSCAR FREIXAS
14 NE 1ST AVE., SUITE 704
MIAMI, FL 33132

New Mailing Address:

C/O M. OSCAR FREIXAS
25 SE 2ND AVE., SUITE 425
MIAMI, FL 33131

FEI Number: 59-2660215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIXAS, M. OSCAR
14 NE 1ST AVE.
SUITE 704
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

FREIXAS, M. OSCAR
25 SE 2ND AVE.,
SUITE 425
MIAMI, FL 33131 US

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:

02/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FREIXAS, YVETTE,
Address: 9601 COLLINS AVE APT 305
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: HOFFMAN, DEAN,
Address: 400 SOUTH POINT DRIVE, #1106
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEAN HOFFMAN

SECY

02/29/2008

Electronic Signature of Signing Officer or Director

Date