

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 047 ***150.00

DOCUMENT # M75729

1. Entity Name
G & E TRAVEL SERVICES, INC.



Principal Place of Business

**710 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009
1920 S. OCEAN DR. #11-C
HALLANDALE, FL 33009**

Mailing Address

**710 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009
1835 E HALLANDALE BEACH BLVD, #359
HALLANDALE BEACH, FL 33009**

44050754



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEN, GILBERT
1920 SOUTH OCEAN DRIVE
APARTMENT 11C
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

7-27-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLEN, GILBERT
STREET ADDRESS	1920 S. OCEAN DR. #11-C
CITY-ST-ZIP	HALLANDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

2. 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: **(s) Gilbert Colen Pres GILBERT COLEN Pres 7/14/07 954-454-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #