

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80924

FILED
Mar 25, 2009
Secretary of State

Entity Name: MULTI-TRAVEL CONNECTION, INC.

Current Principal Place of Business:

2232 WINTER WOODS BLVD
WINTER PK, FL 32792

New Principal Place of Business:

2232 WINTER WOODS BLVD
SUITE 1000
WINTER PK, FL 32792

Current Mailing Address:

2232 WINTER WOODS BLVD
WINTER PK, FL 32792

New Mailing Address:

2232 WINTER WOODS BLVD
SUITE 1000
WINTER PK, FL 32792

FEI Number: 59-2938390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUFFARD, NUMERIANO V.
2232 WINTER WOODS BLVD
WINTER PARK, FL 32792 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: VD () Delete
Name: BOUFFARD, FERNANDO,
Address: 5351 HANSEL AVE
City-St-Zip: ORLANDO, FL 32709

Title: D () Delete
Name: BOUFFARD, JOSE' ANTO, NIO
Address: 1936 SHERWOOD GLEN
City-St-Zip: BLOOMFIELD HILLS, MI

Title: VDT () Delete
Name: BOUFFARO, FERNANDO
Address: 5351 HANSEL AVE
City-St-Zip: ORLANDO, FL 32709

Title: DS () Delete
Name: BOUFFARO, JOSE A
Address: 1936 SHERWOOD GLEN
City-St-Zip: BLOOMFIELD HILLS, MI

Title: P () Delete
Name: BOUFFARD, NUMERIANO V
Address: 1056 HORNBEAM AVENUE
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NUMERIANO V BOUFFARD

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date