

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99707

FILED
Apr 13, 2004
Secretary of State

Entity Name: TOTAL TRAVEL ENTERPRISES, INC.

Current Principal Place of Business:

2525 SW 3RD AVE
STE 105
MIAMI, FL 33129 US

New Principal Place of Business:

8100 OAK LANE
SUITE 404
MIAMI LAKES, FL 33016 US

Current Mailing Address:

2525 SW 3RD AVE
STE 105
MIAMI, FL 33129 US

New Mailing Address:

8100 OAK LANE
SUITE 404
MIAMI LAKES, FL 33016 US

FEI Number: 65-0077370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T.
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAYNE, FL 33149 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: D () Delete
Name: SEGALLA, KAREN,
Address: 155 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: CERULLO, LUCY,
Address: 200 OCEAN LANE DR
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: SEGALLA, LIVIO,
Address: 24 IRVING AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ

Title: D () Delete
Name: SCHIBUOLA, UBOLDO,
Address: 3802 NE 207TH ST
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: SEQALLA, ALICE
Address: 24 IRVINA AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ

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: S (X) Change () Addition
Name: SEGALLA, ALICE
Address: 24 IRVINA AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUCY CERULLO

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date