

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99707

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: TOTAL TRAVEL ENTERPRISES, INC.

## Current Principal Place of Business:

8100 OAK LANE  
SUITE 404  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

## Current Mailing Address:

8100 OAK LANE  
SUITE 404  
MIAMI LAKES, FL 33016 US

## New Mailing Address:

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 (X) 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: SEGALLA, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN SEGALLA

D

02/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date