

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State



DOCUMENT # M99707

1. Entity Name
TOTAL TRAVEL ENTERPRISES, INC.

Principal Place of Business
**8100 OAK LANE
SUITE 404
MIAMI LAKES, FL 33016 US**

Mailing Address
**8100 OAK LANE
SUITE 404
MIAMI LAKES, FL 33016 US**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0077370** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T.
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAVNE, FL 33149**

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000780807
01/15/08-80009-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEGALLA, KAREN
STREET ADDRESS	155 OCEAN LANE DRIVE, #609
CITY- ST- ZIP	KEY BISCAVNE, FL
TITLE	D
NAME	CERULLO, LUCY
STREET ADDRESS	200 OCEAN LANE DR, #309
CITY- ST- ZIP	KEY BISCAVNE, FL
TITLE	D
NAME	SCHIBUOLA, UBOLDO
STREET ADDRESS	593 TURKEY CREEK,
CITY- ST- ZIP	ALACHULA, FL 32615
TITLE	S
NAME	SEGALLA, ALICE
STREET ADDRESS	155 OCEAN LANE DRIVE #609
CITY- ST- ZIP	KEY BISCAVNE, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen Segalla*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2008 (305)817-9339
Date Daytime Phone #