

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99707

**FILED
Jan 20, 2009
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, #609
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: CERULLO, LUCY,
Address: 200 OCEAN LANE DR, #309
City-St-Zip: KEY BISCAYNE, FL

Title: D (X) Delete
Name: SCHIBUOLA, UBOLDO,
Address: 593 TURKEY CREEK,
City-St-Zip: ALACHULA, FL 32615

Title: S () Delete
Name: SEGALLA, ALICE
Address: 155 OCEAN LANE DRIVE #609
City-St-Zip: KEY BISCAYNE, FL 33016

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:

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: LUCY CERULLO

D

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date