2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004
Secretary of State

DOCUMENT# N01000008137

Entity Name: MIRAMAR TRAVEL TEAM INC.

Current Principal Place of Business:

7767 VENETIAN STREET
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7767 VENETIAN STREET
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-1159208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SWEENEY, DAVID T SR
7767 VENETIAN STREET
MIRAMAR, FL 33023

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SWEENEY, DAVID T SR
Address: 7767 VENETIAN STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: JOHNS, PHILLIP
Address: 14010 SW 98TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: HYSMITH, TENEA
Address: 11045 SW 16TH STREET #106
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: HAM, TINA
Address: 13820 LAKE CLAIRE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FRIAS, JOE
Address: 17962 N W 9TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T SWEENEY P 09/01/2004

Electronic Signature of Signing Officer or Director Date