


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006765
 1. Entity Name
 FLORIDA ASSOCIATION OF TRAVEL AGENTS, INC.



Principal Place of Business Mailing Address
 25 S.E. SECOND AVENUE 25 S.E. SECOND AVENUE
 SUITE 1235 SUITE 1235
 MIAMI, FL 33131 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



02212005 No Chg-NP CR2E037 (10/03)

4. FC# Number Applied For
 65-0828582 Not Applicable

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

6. Name and Address of Current Registered Agent
 SANTOS, MAURO C
 25 S.E. SECOND AVENUE
 SUITE 1235
 MIAMI, FL 33131

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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 _____ DATE _____
Signature by or for printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature req. (ind. when reinstating))

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGALHAES, MARIO
STREET ADDRESS	105 SE 2ND ST.
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	LEONEL, ROSANA
STREET ADDRESS	168 SE 1ST STE STE 904
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	D
NAME	GALDI, ROSALINA
STREET ADDRESS	200 SE 1ST ST #506
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/24/05-80025-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Rosana Leonel 2.21.05 305-374-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #