2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P0000055992 1. Entity Name ALL INCLUSIVE RESORT TRAVEL, INC. Principal Place of Business Mailing Address						01-23-200	06 90043 009 *	**158.75
3267 N STATE RD 7 3267 N STATE RD 7 MARGATE, FL 33063 MARGATE, FL 33063								
2. Principal Place of Business 3. Mailing Address 3.195 NW 114 th Lane 3145 NW 114 th			Ut LAN	م ر				
Suite, Apt. #, etc.				<u>د</u>	01192006	Chg-P	CR2E034 (11/	05)
City & State CORN Springs Florida CORN Springs				DH	4. FEI Number 65-1061	686		Applied For Not Applicable
3306	Country BROWARD 6. Name and Address of Current R	Zip 33065	BROWA?	eD.	5. Certificate of		Fee Req	Additional uired
	b. Manie and Address of Coffent Ro	edisteleg Waut	Name		/. Name and A	caress or NAW N	Registered Agent	
BUKATY, THOMAS J 3195 N.W. 114TH LANE CORAL SPRINGS, FL 33065				Street Address (P.O. Box Number is Not Acceptable)				
				FL Zip Code				
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 Thomas J. 13 UKATY Pres. Utomas Juntary July 1/18/06 Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signatury equired when reinstating) OATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUKATY, THOMAS J 3195 N.W. 114TH LANE CORAL SPRINGS, FL 33065	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS EVANS, GEORGE D -3195 NW 114 LANE GORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		S ORGE P OT COC ONUT CR		10 Char Circle L 330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deletę	TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Chan	:
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is to possible or the receiver or trustee empoyers.	nis filing does not qualify for t rue and accurate and that my	the exemptions of signature shall h	ontained ave the s	in Chapter 119, I	Florida Statutes. !	further certify that the	ne information