

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 011 ***150.00

DOCUMENT # P00000070641

1. Entity Name
STACOR@ EX-TRAV-A-GAN-ZA INC.



Principal Place of Business
3060 NW 203RD TERRACE
MIAMI, FL 33056 US

Mailing Address
3060 NW 203RD TERRACE
MIAMI, FL 33056 US



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS-BURNEY, CORINTHIA
~~3060 NW 203RD TERRACE~~ SOLD 2031 NW 83 Terrace
~~MIAMI, FL 33056~~ MIAMI, FL 33147

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIMMONS-BURNEY, CORINTHIA
STREET ADDRESS ~~3060 NW 203RD TERRACE~~ SOLD 2031 NW 83 Terrace
CITY-ST-ZIP MIAMI, FL 33056 MIAMI, FL 33147

TITLE V
NAME BURNEY, STANLEY
STREET ADDRESS ~~3060 NW 203RD TERRACE~~ 2031 NW 83 Terrace
CITY-ST-ZIP MIAMI, FL 33056 MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Corinthia Simmons-Burney CORINTHIA SIMMONS-BURNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/20/2007
Date of Filing