


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000106283
 1. Entity Name
 TRAVELQUOTES.COM, INC.



Principal Place of Business 1427 PONCE DE LEON CORAL GABLES, FL 33134	Mailing Address 1427 PONCE DE LEON CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MENDEZ, ROSSANNA
 1427 PONCE DE LEON
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENDEZ, ROSSANNA 1427 PONCE DE LEON CORAL GABLES, FL 33134
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 07/30/04-80002-003 550.00

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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 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:  **COPY** 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____