2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P00000106283

1. Entity Name TRAVELQUOTES.COM, INC.

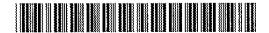


FILED
Jul 30, 2004 08:00 AM
Secretary of State

Principal Place of Business

1427 PONCE DE LEON CORAL GABLES, FL 33134 Mailing Address

1427 PONCE DE LEON CORAL GABLES, FL 33134



07062004

No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MENDEZ, ROSSANNA 1427 PONCE DE LEON CORAL GABLES, FL 33134

SIGNATURE:

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CORAL GABLES, FL 33134			IN THIS SPACE		
	named entity submits this statement for the prons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accept
SIGNATURE Supraisse, typed or printed name of registered agent and title if applicable (f107E, Registered Agent agriculture requirements)					DATE
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, ROSSANNA 1427 PONCE DE LEON CORAL GABLES, FL 33134				U00000168862
TITLE NAME STREET ADORESS CITY-ST-ZIP					U00000168862 07/30/04-80002-003 550.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
title Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiture 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.					