## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000003227

1. Entity Name
THE ULTIMATE TRAVEL SHOPPE, INC.



Principal Place of Business

7328 S.W. 48 ST. MIAMI, FL 33155 Mailing Address

7328 S.W. 48 ST. MIAMI, FL 33155

## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90054 042 \*\*\*150.00



	DO	NOT	<b>WRITE</b>	IN	<b>THIS</b>	SPACE
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04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1064733

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, STEVEN M 7328 S.W. 48 ST. MIAMI, FL 33155

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent	ourpose of changing its register	ed office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE_	£					
SIGNATORIES	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		··············		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACKERMAN, STEVEN 7328 SW 48 STREET MIAMI, FL 33155					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATANI, BHARAT 7328 S 48 STREET MIAMI, FL 33155					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO 1	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bharat Chatani 4/18/07