

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011614

FILED
Apr 27, 2004
Secretary of State

Entity Name: GTS/GROUP TRAVEL SERVICES, INC.

Current Principal Place of Business:

11921 SOUTH DIXIE HIGHWAY
SUITE 205
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

11921 SOUTH DIXIE HIGHWAY
SUITE 205
PINECREST, FL 33156

New Mailing Address:

FEI Number: 65-1089460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OHAYON, SERGE
11921 SOUTH DIXIE HIGHWAY
SUITE 205
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OHAYON, SERGE
Address: 11921 SOUTH DIXIE HIGHWAY STE 205
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: DEFFREY, LEVINE
Address: 10119 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RAMOS, RICHARD
Address: 7221 CORAL WAY #210
City-St-Zip: MIAMI, FL 33155

Title: VS () Delete
Name: SALISBURY, VIRGILN
Address: 5465 SW 89TH PL
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGE OHAYON

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date