

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90010 010 ***150.00

DOCUMENT # P01000027810

1. Entity Name

DESTINY TRAVEL, INC.



Principal Place of Business

4025 NORTH FEDERAL HWY
#112B
FT. LAUDERDALE FL 33308

Mailing Address

4025 NORTH FEDERAL HWY
#112B
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2601 N.E. 32nd St

3. Mailing Address

2601 NE 32nd St.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

Zip
33306

Country
USA

Zip
33306

Country
USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1091207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOPCZYNSKI, GERALD E
4025 NORTH FEDERAL HWY
#112B
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 N.E. 32nd St Apt #1

City
FT. LAUDERDALE

FL

Zip Code
33306

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]

GERALD E Stopczynski

3/21/04

Signature typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

D
STOPCZYNSKI, GERALD E
4025 NORTH FEDERAL HWY #112B
FT. LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Stopczynski, GERALD E
2601 N.E. 32nd St Apt #1
FT. LAUDERDALE, FL 33306

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

[Signature]

GERALD E Stopczynski

3/21/04

954-564-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #