

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 018 \*\*\*150.00



**DOCUMENT # P01000027810**  
 1. Entity Name  
**DESTINY TRAVEL, INC.**

Principal Place of Business  
 2601 NE 32ND ST., APT #1  
 FORT LAUDERDALE FL 33306

Mailing Address  
 2601 NE 32ND ST., APT #1  
 FORT LAUDERDALE FL 33306



2. Principal Place of Business - No P.O. Box #  
*237 Leprune Ave*

3. Mailing Address  
*P.O. Box 780*

Suite, Apt. #, etc.  
*APT W*

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
*Lauderdale By the Sea, FL*

City & State  
*Pompano Beach, FL*

Zip  
*33308*

Country  
*USA*

Zip  
*33061*

Country  
*USA*

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**  
 2601 NE 32ND ST., APT #1  
 FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent  
 Name *Gerard E. Stopczynski*  
 (P.O. Box Number is Not Acceptable)  
*237 Leprune Ave*  
*APT W*  
 City *Lauderdale By the Sea* **FL** Zip Code *33308*

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 *Gerard E. Stopczynski* *Gerard E. Stopczynski* *3/16/07*  
Signature, typed or printed name of signatory, title and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<b>D</b> STOPCZYNSKI, GERALD E 2601 NE 32ND ST., APT #1 FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>237 Leprune Ave APT W Lauderdale By the Sea, FL 33308</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gerard E. Stopczynski* *Gerard E. Stopczynski* *3/16/07* *907-227-0970*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #