


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 003 ***150.00

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

Principal Place of Business 237 NEPTUNE AVE. APT. W FORT LAUDERDALE FL 33308	Mailing Address P.O. BOX 780 POMPANO BEACH FL 33061
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2. Principal Place of Business - No P.O. Box # 3226 NW 173rd Ave.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Sunrise FL	City & State	4. FEI Number 65-1091207	Applied For <input type="checkbox"/> Not Applicable
Zip 33323	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOPCZYNSKI, GERALD E 237 NEPTUNE AVE. APT. W FORT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Stopczynski, Gerald E. Street Address 3226 NW 173rd Ave. City Sunrise FL Zip Code 33323	
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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 *Gerald E. Stopczynski* *Gerald E. Stopczynski* *3/12/08*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOPCZYNSKI, GERALD E 237 NEPTUNE AVE., APT. W FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stopczynski, Gerald E 3226 NW 173rd Ave Sunrise, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gerald E. Stopczynski* *Gerald E. Stopczynski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR