
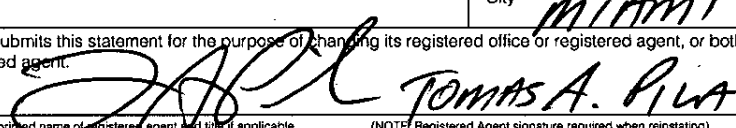
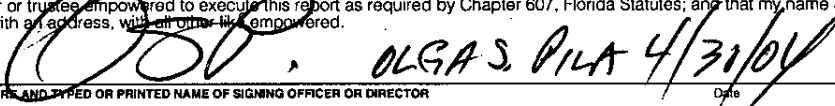


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90812 001 ***600.00

DOCUMENT # P01000036542 1. Entity Name KATA TRAVEL, INC.																							
Principal Place of Business 2525 SW 3RD AVE, SUITE 304 MIAMI, FL 33129			Mailing Address 2525 SW 3RD AVE, SUITE 304 MIAMI, FL 33129																				
2. Principal Place of Business 3191 CORAL WAY SUITE 406 MIAMI, FL		3. Mailing Address 3191 CORAL WAY SUITE 406 MIAMI, FL																					
City & State MIAMI, FL		City & State MIAMI, FL																					
Zip 33145		Country USA		4. FEI Number 65-1112844																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent PILA, TOMAS A 2525 SW 3RD AVE, SUITE 304 MIAMI, FL 33129			7. Name and Address of New Registered Agent * Name PILA, TOMAS A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY SUITE 406 City MIAMI FL Zip Code 33145																				
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  TOMAS A. PILA DATE 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD PILA, OLGA S</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2525 SW 3RD AVE, SUITE 304</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33129</td> </tr> </table>			TITLE	PSTD PILA, OLGA S	<input type="checkbox"/> Delete	STREET ADDRESS	2525 SW 3RD AVE, SUITE 304		CITY-ST-ZIP	MIAMI, FL 33129		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD PILA, OLGA S</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3191 CORAL WAY, SUITE 406</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33145</td> </tr> </table>			TITLE	PSTD PILA, OLGA S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3191 CORAL WAY, SUITE 406		CITY-ST-ZIP	MIAMI, FL 33145	
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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:  OLGA S. PILA DATE 4/30/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							