

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90206 008 \*\*\*150.00

<b>DOCUMENT # P02000048165</b>					
<b>1. Entity Name</b> SIXTH STAR TRAVEL, INC.					
<b>Principal Place of Business</b> 950 S. PINE ISLAND RD. PLANTATION, FL 33324			<b>Mailing Address</b> 950 S. PINE ISLAND RD. PLANTATION, FL 33324		
MOVING 6-1-04					
<b>2. Principal Place of Business</b> 111 N. PINE ISLAND RD.		<b>3. Mailing Address</b> 111 N. PINE ISLAND RD.			
Suite, Apt. #, etc. 203 B		Suite, Apt. #, etc. 203 B			
<b>City &amp; State</b> PLANTATION, FL		<b>City &amp; State</b> PLANTATION, FL			
Zip 33324		Country USA		Zip 33324	
Country USA		<b>4. FEI Number</b> 03-0439822			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KOPELOWITZ, BRIAN ESQ. 350 E. LAS OLAS BLVD., SUITE 1440 FORT LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSD JONES, DOUG <input checked="" type="checkbox"/> Delete 111 S.W. 6TH STREET FORT LAUDERDALE, FL 33301		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P SAULEAU, JEANNIE <input type="checkbox"/> Delete 950 S. PINE ISLAND RD. PLANTATION, FL 33324		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JEAN C. SAULEAU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N. PINE ISLAND RD, SUITE 203B PLANTATION, FL 33324	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP SAULEAU, CHRISTIAN <input type="checkbox"/> Delete 11280 N.W. 14TH ST. PLANTATION, FL 33323		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S CARTIER, URBAN A <input type="checkbox"/> Delete 2433 ST. GILES RD. KIRKWOOD, MO 63122		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T CARTIER, ELAINE <input type="checkbox"/> Delete 2433 ST. GILES RD. KIRKWOOD, FL 63122		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-7-04 954-472-3434 Date Daytime Phone #		