2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

**FILED**
**Mar 18, 2004 8:00 am**
**Secretary of State**
03-18-2004 90009 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000058059

1. Corporation Name

INTERNATIONAL TRAVEL MASTER, INC.

54019311

| Principal Place of Business | Mailing Address |
|---|---|
| 3256 NW 72 Ave<br>Miami, Fl. 33122 | 3256 NW 72 Ave<br>Miami,Fl 33122 |

3. Date Incorporated or Qualified: 5/24/02
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 20-0862764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

Ricardo Ricci
3256 NW 72 Ave
Miami,Fl. 33122

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD.<br>Ricardo Ricci<br>3256 NW 72 Ave<br>Miami, Fl. 33122 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Add |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Add |

14. 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 electronic signature shall have the same legal effect as if made under oath; 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