

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 025 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000059760 1. Entity Name PASSPORT - A TASTE OF EUROPE, INC			
Principal Place of Business 5950 HAZELTINE NATIONAL DR STE 290 ORLANDO, FL 32822		Mailing Address 20 N ORANGE AVE SUITE 407 ORLANDO, FL 32801	
2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc <i>Suite 600</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P A 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARLE, ALFRED 5950 HAZELTINE NATIONAL DR STE 290 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS SCHMIDT MANFRED 5950 HAZELTINE NATIONAL DR. STE 290 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P THOMAS, CHRISTOPHER F 5950 HAZELTINE NATIONAL DR. STE 290 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <i>Ch. K. Thomas</i> April 25, 2005 407/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 240-9190			