


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

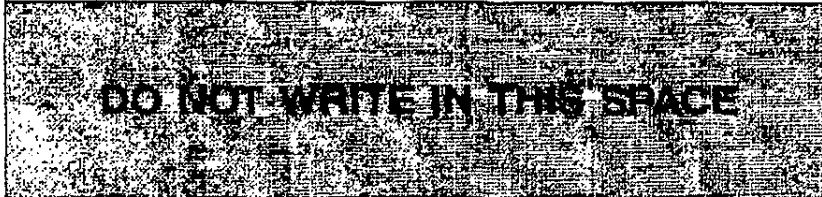
**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000088739**

1. Entity Name:  
**TIME - OUT TRAVEL SERVICE, INC.**



Principal Place of Business      Mailing Address  
**9506 SO. RED ROAD                      9506 SO. RED ROAD**  
**MIAMI, FL 33156                              MIAMI, FL 33156**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number **56-2287240**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**OESTERLE, DOUGLAS W**  
**9506 SO. RED ROAD**  
**MIAMI, FL 33156**



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.

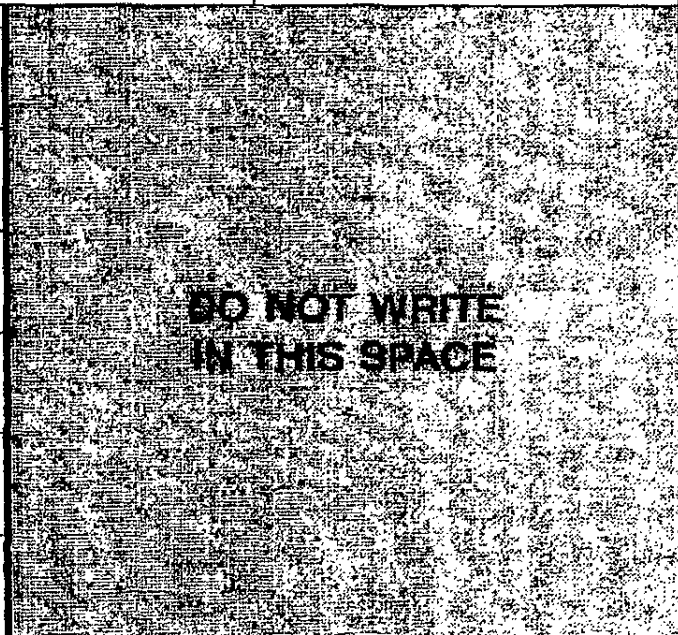
SIGNATURE \_\_\_\_\_      **1100000347362**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      **04/20/05-20113-004 150.70**  
DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

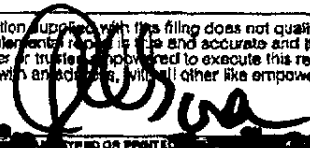
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	<b>GOZA, JENNIFER L</b>
STREET ADDRESS	<b>9506 SO. RED ROAD</b>
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 appointed to execute this report as provided by Chapter 6, 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:  **Jennifer Goza**  
Typed or printed name of officer or director      **305-232-9500**  
Daytime Phone