


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90143 030 ***150.00

DOCUMENT # P02000095092

1. Entity Name
FANCY LAKES TRAVEL & MORE, INC.



Principal Place of Business Mailing Address
5665 N W 195 DRIVE **5665 N W 195 DRIVE**
MIAMI, FL 33055 **MIAMI, FL 33055**

2. Principal Place of Business 3. Mailing Address

Suite Apt #, etc. Suite Apt #, etc.

City & State City & State

Zip Country Zip Country



04152005 Chg-P CR2E034 (10/03)

4. FEI Number App'ed For
27-0028154 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REY, SONIA 18500 N W 62ND AVE #405 HIALEAH, FL 33015	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 _____ (NOTE: Registered Agent signature required when re-registering) 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	P REY, SONIA <input type="checkbox"/> Delete 18500 NW 62ND AVENUE, #405 HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REY, SONIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18450 NW 62ND AVE APT 203 MTAMT, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, CLAUDIA <input type="checkbox"/> Delete 3800 S. OCEAN DRIVE, SUITE 216 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Sonia Rey, SONIA REY 4/15/05 (305) 622-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davita Phone #