2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91257 022 ***150.00

DOCUMENT # P02000101193

1. Entity Name
PLAYERS TRAVEL CLUB, INC.

94083829

Principal Place of Business	Mailing Address
2520 N.W. 97 AVE., STE. #230 MIAMI, FL 33172	2520 N.W. 97 AVE., STE. #230 MIAMI, FL 33172

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2510 NW 97 AVENUE	2510 NW 97 AVENUE
Suite, Apt. #, etc.: 140	Suite, Apt. #, etc.: 140
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 56-2293532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, A. ERNEST
2520 NW 97 AVE., STE. #230
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: CRUZ A ERNEST

Street Address (P.O. Box Number is Not Acceptable): 2510 NW 97 AVE STE 140

City: MIAMI **FL** Zip Code: 33172

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: _____ 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PD CRUZ, A. ERNEST 2520 N.W. 97 AVE., STE. #230 MIAMI, FL 33172	☐ Delete	DD CRUZ A ERNEST 2520 NW 97 AVE STE 140 MIAMI FL 33172	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #