2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105959

1. Entity Name
TRAVELSUR USA CORP.

Principal Place of Business	Mailing Address
5311 SW 125 AVE HOLLYWOOD, FL 33027	5311 SW 125 AVE HOLLYWOOD, FL 33027

03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2303539
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALFELD, GARY D ESQ.
8420 NW 52ND STREET
SUITE 107
MIAMI, FL 33166

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

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

U00000278078
03/28/05 00011-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVILA SORIA, CONSUELO
STREET ADDRESS	5311 SE 125 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	P
NAME	SERRANO, JUAN F
STREET ADDRESS	5311 SE 125 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	VP
NAME	FRANCO, JULIO
STREET ADDRESS	FRANSISCO DE ORELLANA Y MANUEL AKIBAR
CITY-ST-ZIP	ESQUINA, GUAYOQUIL, ECUADOR,
TITLE	S
NAME	SALAZAR, PATRICIA
STREET ADDRESS	5311 SE 125 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	T
NAME	SERRANO, MARIA
STREET ADDRESS	5311 SE 125 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #