


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000105959</b> 1. Entity Name TRAVELSUR USA CORP.	
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Principal Place of Business 5311 SW 125 AVE HOLLYWOOD, FL 33027	Mailing Address 5311 SW 125 AVE HOLLYWOOD, FL 33027
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2303539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000857306 03/31/08 80007 025 150.00
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **DIRECTOR** 03-11-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #