


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108390
1. Entity Name
MOMENTUM TOURS & TRAVEL, INC.



Principal Place of Business
**2540 NE 199 ST
MIAMI, FL 33180 US**

Mailing Address
**1835 NE MIAMI GARDENS DR.
#150
MIAMI, FL 33179 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 13-4221068 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**OLOFSEN, JAN
2540 NE 199 ST
MIAMI, FL 33180**

**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 *Jan Olofson* DATE 01/11/06
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, 2006 Fee will be \$550.00**

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

UN0000411549
02/10/06-80011-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OLOFSEN, JAN 2540 NE 199 ST MIAMI, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAITZ, SONIA J APT 14A, 54 RIVERSIDE DR NEW YORK, NY 10024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: *Jan Olofson* **JAN OLOFSEN** DATE 01/11/06 DAYTIME PHONE # 305-466-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR