

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108390

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: MOMENTUM TOURS & TRAVEL, INC.

**Current Principal Place of Business:**

2540 NE 199 ST  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 13-4221068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLOFSEN, JAN  
Address: 2540 NE 199 ST  
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete  
Name: TAITZ, SONIA J  
Address: APT 14A, 54 RIVERSIDE DR  
City-St-Zip: NEW YORK, NY 10024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN OLOFSEN

PD

07/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date