

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000117648

1. Entity Name

TRAVEL EXCELLENCE INC.



FILED
06 MAY 10 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

Mailing Address
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1983125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MARTIN, MIGUEL A ESQ.
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name RENE ADWAR, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

Renée Adwar, P.A.

848 Brickell Avenue, Suite 830

City Miami

FL

Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Renée Adwar

4/19/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KING, BRADLEY R
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 830
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME DE WIT, DANIEL JOSEPH
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 830
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400074781304
CITY-ST-ZIP 05/18/06--01004--001 **200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL DE WIT

4-8-06

Date

305 673 4101

Daytime Phone #