


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000133687		
1. Entity Name DEDEE TRAVEL, INC.		
Principal Place of Business 5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539	Mailing Address 5610 NORTHWEST 174 DRIVE MIAMI, FL 33055-3539	



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0055423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMMS, EVA D
5610 NORTHWEST 174 DRIVE
MIAMI, FL 33055-3539**

**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 obligation of registered agent.

SIGNATURE: *Eva Dolores Samms* DATE: *April 19, 2005*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

1000000320281
04/21/05-80031-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMMS, EVA D 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, RORY C 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMMS, EVA D 5610 NORTHWEST 174 DRIVE MIAMI, FL 330553539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Eva Dolores Samms, President/Director* DATE: *April 19, 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #