


APPROVED  
AND  
FILED

06 AUG -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

<b>DOCUMENT # P03000006760</b>			
<b>1. Entity Name</b> TRAVEL MULTI SERVICES, CORP.			
<b>Principal Place of Business</b> WILLIAM TORRES 10-B MIAMI BCH, FL 33141		<b>Mailing Address</b> 6896 ABBOTT AVE., SUITE 10-B MIAMI BCH, FL 33141	
<b>2. Principal Place of Business</b> 3042 NW 23 AV Suite, Apt. #, etc. MIAMI FL. City & State MIAMI FL. Zip 33142 Country U.S.A.		<b>3. Mailing Address</b> 3042 NW 23 AV Suite, Apt. #, etc. MIAMI FL. City & State MIAMI FL. Zip 33142 Country U.S.A.	
		06252006 Chg-P CR2E034 (11/05)	
		<b>4. FEI Number</b> 05-0549837	
		<b>Applied For</b> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TORRES, WILLIAM 6896 ABBOTT AVE., SUITE 10-B MIAMI BCH, FL 33141		<b>7. Name and Address of New Registered Agent</b> Name HENRY G BARBA Street Address (P.O. Box Number is Not Acceptable) 3042 NW 23 AV MIAMI FL. City MIAMI FL. Zip Code 33142 FL	
<b>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.</b> SIGNATURE <u>HB</u> (NOTE: Registered Agent signature required when reinstating) DATE 07/08/06			
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> TORRES, WILLIAM 6896 ABBOTT AVE., SUITE 10-B MIAMI BCH, FL 33141 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD.</b> HENRY G BARBA 3042 NW 23 AV MIAMI - FL - 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> BALLESTEROS, MARTHA 6896 ABBOTT AVE., SUITE 10-B MIAMI BCH, FL 33141 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>500078626215</b> 09/11/06--11030--006 #61 25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u>		07/10/06 3059840564	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	