

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91229 004 \*\*\*150.00

DOCUMENT # P03000011378

1. Entity Name  
TRAVELEX USA, INC.



Principal Place of Business  
120 INTERNATIONAL PKWY. SUITE 220  
HEATHROW, FL 32746

Mailing Address  
120 INTERNATIONAL PKWY. SUITE 220  
HEATHROW, FL 32746

2. Principal Place of Business  
4044 WEST LAKE MARY BLVD

3. Mailing Address  
4044 WEST LAKE MARY BLVD

Suite, Apt. #, etc.  
UNIT #104-339

Suite, Apt. #, etc.  
UNIT #104-339

City & State  
LAKE MARY, FLORIDA

City & State  
LAKE MARY, FLORIDA

Zip  
32746-2012

Country  
SEMINOLE

Zip  
32746-2012

Country  
SEMINOLE



04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
11-3673323

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAS, CENGIZ Y  
120 INTERNATIONAL PKWY. SUITE 220  
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4044 WEST LAKE MARY BLVD  
UNIT #104-339  
City LAKE MARY, FLORIDA FL Zip Code 32746-2012

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MATTHEWS, CANDACE T 120 INTERNATIONAL PKWY. SUITE 220 HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4044 WEST LAKE MARY BLVD UNIT #104-339 LAKE MARY, FLORIDA 32746-2012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Candace T Matthews CANDACE T MATTHEWS, PVST, D 4/29/04 407-333-3324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #