## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI												
DOCUMENT # P03000011378  1. Entity Name TRAVELEX USA, INC.  SEE AMEJOHENT								FILED 06 JAN 31 AM 10:59				
Principal Place of Business 4044 W LAKE MARY BLVD. UNIT 104-339 LAKE MARY, FL 32746-2012			Mailing Address 4044 W LAKE MARY BLVD. UNIT 104-339 LAKE MARY, FL 32746-2012			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				01232006	Chg-P	CR2E034	<u>, , , , , , , , , , , , , , , , , , , </u>		
City & State			City & State	City & State			4. FEI Numbe 11-3673			Applied Not Ap	plicable	
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desir		···	\$8.75 Additional Fee Required			
	6. Name	Registered Agent				7. Name and Address of New Registered Agent						
ARAS, CENGIZ Y						Name						
4044 W LA UNIT 104-3	KE MARY	BLVD.		5,			Street Address (P.O. Box Number is Not Acceptable)					
LAKE MAR	RY, FL 32	746-2012		City	Eity FL				Zip Code			
B. The shows	nomed entit	v submits this statement for	or the purpose of changing its	regieter	ad office or a	rogister	ad agent or bot	h in the State of Fi		iliar with and	Laccent	
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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.		~	ADDITIONS/	CHANGES TO OF	ICERS AND D	IRECTORS IN	11	
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NAME		WS, CANDACE T	/ V	NAME			Aras Cengiz Y 1044 West Laxemany Blvd. 104-3391					
STREET ADDRESS CITY-ST-ZIP		AKE MARY BLVD., UN RY, FL 327462012	111 104-339	EET ADDRESS   I /-ST-ZIP	$\frac{1}{1}$	116 may, F1. 30746-01017						
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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 if												
changed, or on an attachment with an address, with alliquiner like empowered.												
SIGNATURE:												
		SIGNATURE AND TYPED DR	. F. S. AT ES ANNE OF SIGNING OFFICER	JA DINEC	, , GR			Pela	Jayı			