

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011378

1. Entity Name
TRAVELEX USA, INC. **SEE AMENDMENT*

VISIT AMERICA INC.



FILED
06 JAN 31 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01232006 Chg-P CR2E034 (11/05)

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
4044 W LAKE MARY BLVD.
UNIT 104-339
LAKE MARY, FL 32746-2012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 4044 W LAKE MARY BLVD., UNIT 104-339 LAKE MARY, FL 327462012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Aras, Cengiz Y 4044 West Lake Mary Blvd. Unit 104-339 LAKE MARY, FL 32746-2012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: CENGIZ Y ARAS, PVST, D 1/25/06 407-299-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #