

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #P03000040010

1. Entity Name
MUST TRAVEL, INC.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

**900 E ATLANTIC BLVD
SUITE 2
POMPANO BEACH, FL 33060**

Mailing Address

**900 E ATLANTIC BLVD
SUITE 2
POMPANO BEACH, FL 33060**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0826192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EUFRASIO, MARIA
430 N.W. 40TH STREET
OAKLAND PARK, FL 33309**

**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 obligations of registered agent.

SIGNATURE

Maria Eufrasio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/05

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
EUFRASIO, MARIA
430 N.W. 40TH STREET
OAKLAND PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000329846
04/25/05-80135-018 150.00

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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:

Maria Eufrasio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA EUFRASIO

4/21/05

Date

954.788-4332

Daytime Phone #