2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# P03000106774

Entity Name: E-TRAVELEADERS, INC.

Current Principal Place of Business:

1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0257092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ST. CLAIR, KEITH
1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

KEELOR, RICHARD
1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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.

SIGNATURE: RICHARD H. KEELOR 05/07/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: ST. CLAIR, KEITH
Address: 1627 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: CTS ( ) Delete
Name: ST. CLAIR, KEITH
Address: 1627 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: LAWRENCE, DOUGLAS A
Address: 1627 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTS (X) Change ( ) Addition
Name: RAFALOWICZ, BORYS B
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: CEO (X) Change ( ) Addition
Name: RAFALOWICZ, BORYS B
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: DP (X) Change ( ) Addition
Name: KEELOR, RICHARD H
Address: 1701 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Change (X) Addition
Name: NISHIWAKI, NICK
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Change (X) Addition
Name: ST. CLAIR, KEITH
Address: 1701 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H. KEELOR DP 05/07/2004
Electronic Signature of Signing Officer or Director Date