


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90035 010 ***150.00

DOCUMENT # P03000118665	
1. Entity Name GERMAN TRAVEL SERVICE, INC.	

Principal Place of Business 345 CLEVELAND STREET HOLLYWOOD FL 33019	Mailing Address 345 CLEVELAND STREET HOLLYWOOD FL 33019
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2. Principal Place of Business 1655 YELLOWHEART WAY Suite, Apt. #, etc.	3. Mailing Address 1655 YELLOWHEART WAY Suite, Apt. #, etc.
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City & State HOLLYWOOD, FLORIDA	City & State HOLLYWOOD, FLORIDA
Zip 33019-4852	Zip 33019-4852
Country	Country

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 20-0386809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIGNASS, DORIT 345 CLEVELAND STREET HOLLYWOOD FL 33019	
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7. Name and Address of New Registered Agent Name DIGNASS, DORIT Street Address (P.O. Box Number is Not Acceptable) 1655 YELLOWHEART WAY City HOLLYWOOD FL Zip Code 33019-4852	
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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 *Dorit Dignass* **DORIT DIGNASS** **03-10-05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIGNASS, KLAUS 345 CLEVELAND STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGNASS, DORIT 345 CLEVELAND STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIGNASS, KLAUS 1655 YELLOWHEART WAY HOLLYWOOD, FL. 33019-4852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGNASS, DORIT 1655 YELLOWHEART WAY HOLLYWOOD, FL. 33019-4852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dorit Dignass* **DORIT DIGNASS** **03-10-05 (954) 929 9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #