



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000122139 1. Entity Name JUST TRAVEL INTERNATIONAL, INC.					
Principal Place of Business PO BOX 24613 FORT LAUDERDALE, FL 33307				Mailing Address PO BOX 24613 FORT LAUDERDALE, FL 33307	
2. Principal Place of Business 2101 S. Ocean Dr Suite, Apt. #, etc. 2405 City & State HOLLYWOOD, FL Zip 33019		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country BOWARD		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 0.8em;">05 SEP 28 PM 2:37</div> <div style="font-size: 0.6em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.7em;">09252005 Chg-P CR2E034 (10/03)</div>	
4. FEI Number 20-0328983				<input type="checkbox"/> Applied For <input checked="" 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 BERNSTEIN, SYLVIA R 2101 S OCEAN DRIVE 2405 HOLLYWOOD, FL 33019	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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: <u><i>Sylvia Bernstein</i></u> Sylvia Bernstein <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete BERNSTEIN, SYLVIA R 2101 S OCEAN DRIVE # 2405 HOLLYWOOD, FL 33019			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060202741 10/04/05--01008--012 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete DORSEY, CRAIG A 3056 S OAKLAND FOREST DR #2302 OAKLAND PARK, FL 33309			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"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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: <u><i>Sylvia Bernstein</i></u> Sylvia Bernstein 9/25/05 954-922-8723 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					