

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90051 023 ***150.00

DOCUMENT # P03000145892

1. Entity Name
RESERVATION MASTERS USA, INC.



Principal Place of Business
**1222 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304**

Mailing Address
**1222 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304**

94042978

2. Principal Place of Business
**3920 Inverrary Blvd.
Suite, Apt. #, etc.
Suite C-106**

3. Mailing Address
**1222 NE 4th Avenue
Suite, Apt. #, etc.**

02032004 Chg-P CR2E034 (10/03)



City & State
Lauderhill, Florida
Zip
33319 Country
USA

City & State
Fort Lauderdale, FL
Zip
33304 Country
USA

4. FEI Number
20-0453816 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LABOSSIERE, MARC
1222 N.E. 4TH AVENUE
FORT LAUDERDALE, FL 33304**

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

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, 2004 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
**Louise Mineault-Simard, Pres.
168 Richelieu
Montebello QC
Canada J0V 1L0** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Canada J0V 1L0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Paul Simard, Vice-President
168 Richelieu
Montebello QC
Canada J0V 1L0** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Bernard Piuze, Manager
2215 Cypress Island Dr. #907
Pompano Beach, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: X *Louise Mineault-Simard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2004 954-581-4270

Date

Daytime Phone #