## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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**SIGNATURE** 

## FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P03000147131 1. Entity Name LUXURY RENTAL TRAVEL INC Mailing Address Principal Place of Business 2416 LINCOLN STREET 2416 LINCOLN STREET HOLLYWOOD, FL 33020-3927 US HOLLYWOOD, FL 33020-3927 No Chg-P CR2E034 (11/05) 04272006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0451026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COOPER, STUART 511 NE 94TH STREET MIAMI SHORES, FL FLORI-DA 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000558493 05/17/06-80092-025 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE FENSTER, LYNN NAME 2416 LINCOLN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 330203927 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it made under oath; that I am an officer or director of the corporation or the report 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

with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #