

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90069 030 ***150.00

DOCUMENT # P04000031316

1. Entity Name
THE DISCIPLE TRAVELERS CORP.



Principal Place of Business

**C/O JOHN REESE
1034 NW 51ST STREET
MIAMI, FL 33127**

Mailing Address

**C/O JOHN REESE
1034 NW 51ST STREET
MIAMI, FL 33127**

S0027571



2. Principal Place of Business

1034 N.W. 51ST STREET
Suite, Apt. #, etc. **N/A**

3. Mailing Address

1034 N.W. 51ST STREET
Suite, Apt. #, etc. **N/A**

01282005 Chg-P CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

36-4570101

Applied For
Not Applicable

Zip

33127

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANDELL, LEE ESQ
ONE SE THIRD AVE
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

N/A

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REESE, JOHN**
STREET ADDRESS **1034 NW 51ST STREET**
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE **D** ☐ Delete
NAME **LAMPKIN, ALPHONSO**
STREET ADDRESS **6608 NW 3RD COURT**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **D** ☐ Delete
NAME **WALDEN, VINCENT**
STREET ADDRESS **1924 NW 5TH PLACE**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **D** ☐ Delete
NAME **SMITH, LAURENCE**
STREET ADDRESS **15520 SW 104TH AVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Vincent Walden VINCENT WALDEN

3-16-05

(305) 573-0917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #