2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033375

Entity Name: M & S DESTINATIONS, INC.

FILED Feb 17, 2005 Secretary of State

Littly Name: Wike 3 DESTINATIONS, INC.				
Current Principal Place of Business:		New Principa	New Principal Place of Business:	
5311 S. W. 88TH TERRACE COOPER CITY, FL 33328		#115	919 HILLCREST DR #115 HOLLYWOOD, FL 33021	
Current Mailing Address:		New Mailing	New Mailing Address:	
5311 S. W. 88TH TERRACE COOPER CITY, FL 33328		#115	919 HILLCREST DR #115 HOLLYWOOD, FL 33021	
FEI Number:	FEI Number Applied For ()	El Number Not Applicat	ble (X) Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
MERCER, DEBORAH 5311 S.W. 88TH TERF COOPER CITY, FL 33	RACE	MERCER, DE 11173 CHANI COOPER CIT	DLER DR	
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.				
SIGNATURE: DEBOR	RAH L. MERCER		02/17/2005	
Electr	ronic Signature of Registered Agent		Date	
Election Campaign Finance	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Name: SA Address: 91	RES () Change (X) Addition ATINOVER, WILLIAM K MR 19 HILLCREST DR OLLYWOOD, FL 33021	
Title: Name: Address: City-St-Zip:	() Delete	Address: 11	P () Change (X) Addition IERCER, DEBORAH L MS 1173 CHANDLER DR OOPER CITY, FL 33328	
Title: Name: Address: City-St-Zip:	() Delete	Name: SA Address: 91	EC () Change (X) Addition ATINOVER, WILLIAM K 19 HILLCREST DR #115 OLLYWOOD, FL 33021	
Title: Name: Address: City-St-Zip:	() Delete	Name: M Address: 11	RES () Change (X) Addition ERCER, DEBORAH L MS 1173 CHANDLER DR OOPER CITY, FL 33328	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K. SATINOVER PRES 02/17/2005