

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 049 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000051958 1. Entity Name TRAVIAGO, INC.					
Principal Place of Business 1881 NE 26TH ST STE 204 WILTON MANORS, FL 33305			Mailing Address 1881 NE 26TH ST STE 204 WILTON MANORS, FL 33305		
2. Principal Place of Business 1881 NE 26 th St. Suite, Apt. #, etc. Suite 228 City & State Wilton Manors, FL Zip 33305 Country USA		3. Mailing Address 1881 NE 26 th St. Suite, Apt. #, etc. Suite 228 City & State Wilton Manors, FL Zip 33305 Country USA		4. FEI Number 11-3716878 Applied For <input 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 BROUWER, JORGE 685 KENSINGTON PLACE WILTON MANORS, FL 33305	
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 _____ DATE 1/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D BROUWER, JORGE 685 KENSINGTON PLACE WILTON MANORS, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, TODD 390 JEFFERSON DR, APT 208 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE 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: _____ Jorge Brower, _____ 1/19/05 954-609-4836 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					