

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000048229

1. Entity Name

SEVEN-TWENTY FOUR TRAVEL, INC.



Principal Place of Business

KIRKMAN SHOPPES
4900 AS KIRKMAN ROAD
ORLANDO, FL 32811

Mailing Address

KIRKMAN SHOPPES
4900 AS KIRKMAN ROAD
ORLANDO, FL 32811



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

66-0656161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, ARISTIDES J
425 WEST COLONIAL DRIVE SUITE 203
ORLANDO, FL 32804

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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 _____

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, 2007 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
NAME PINERO, NITZA
STREET ADDRESS P.O. BOX 364971
CITY-ST-ZIP SAN JUAN, PR 009364971

TITLE D
NAME MEDIAVILLA, RIGOBERTO
STREET ADDRESS P.O. BOX 364971
CITY-ST-ZIP SAN JUAN, PR 009364971

TITLE D
NAME MEDIAVILLA, NITZA
STREET ADDRESS P.O. BOX 364971
CITY-ST-ZIP SAN JUAN, PR 009364971

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/28/07-80005-021 150.00

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

(787) 765-1760

Daytime Phone #