


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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|--|
| 4. FEI Number 66-0656161 | 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

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

DO NOT WRITE 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) 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 NAME STREET ADDRESS CITY-ST-ZIP | D PINERO, NITZA P.O. BOX 364971 SAN JUAN, PR 009364971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDIAVILLA, RIGOBERTO P.O. BOX 364971 SAN JUAN, PR 009364971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDIAVILLA, NITZA P.O. BOX 364971 SAN JUAN, PR 009364971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000715817
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: *Nitza Pinero* **4/13/07** **(787) 765-1760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #