2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048229

Entity Name: SEVEN-TWENTY FOUR TRAVEL, INC.

FILED Apr 22, 2008 Secretary of State

O 1 D		a of Duning and	New Britania I Blace	. C Duraina a sa	
Current Principal Place of Business:			New Principal Place of	of Business:	
KIRKMAN	SHOPPES		1007 MUNOZ RIVERA		
4900 AS KIRKMAN ROAD			SUITE 3		
ORLANDO	D, FL 32811		SAN JUAN, PR 00925		
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
KIRKMAN	SHOPPES		1007 MUNOZ RIVERA		
4900 AS KIRKMAN ROAD			SUITE 3		
ORLANDO	D, FL 32811		SAN JUAN, PR 00925		
FEI Number	: 66-0656161	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
		DRIVE SUITE 203 US			
	e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
Electronic Signature of Registered Agent			gent	 Date	
Election Car		ng Trust Fund Contribution ().	,		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	D () Delete	Title:	() Change () Addition	
Name:	PINERO, NITZ	ZA .	Name:		
Address:	P.O. BOX 364	971	Address:		
City-St-Zip:	SAN JUAN, PF	R 009364971	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	MEDIAVILLA,	RIGOBERTO	Name:		
Address:	P.O. BOX 364971		Address:		
City-St-Zip:	SAN JUAN, PF	R 009364971	City-St-Zip:		
Title:	D () Delete	Title:	()Change ()Addition	
Name:	MEDIAVILLA,	NITZA	Name:		
Address:	P.O. BOX 364	971	Address:		
City-St-Zip:	SAN JUAN, PF	R 009364971	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NITZA PINERO D 04/22/2008