

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007

DOCUMENT # **P05000054600**

2007 DEC 13 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

VARADERO TRAVEL SERVICES, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

7901 NW 174 ST

3. Mailing Address

7901 NW 174 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006

Chg-P

CR2E034 (11/05)



City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

20-2894281

Applied For

Not Applicable

Zip

Country

33015

US

Zip

Country

33015

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Rafael Mejias

Street Address (P.O. Box Number is Not Acceptable)

7901 NW 174 ST

City

Miami

FL

Zip Code

33015

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S Mejias, Rafael	
STREET ADDRESS	7901 NW 174 ST	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700113370227
12/24/07--01039--008 **300.00

REINSTATEMENT

06-07

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

11/29/07

(786)

236-6738

VARADERO TRAVEL SERVICES, INC.
7901 NW 174 ST
MIAMI, FL 33015

November 29, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Varadero Travel Services, Inc. with Document # P05000054600. Along with this letter you will find a check in the amount of \$300.00 and my Uniform Business Report for the years of 2006 - 2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Rafael Mejias