

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90238 014 ***150.00

DOCUMENT # P05000085562 1. Entity Name TRAVEL-X-CHANGE, INC.																									
Principal Place of Business HERIBERTO GARCIA 149 GRANADA DR PALM SPRINGS, FL 33461			Mailing Address HERIBERTO GARCIA 149 GRANADA DR PALM SPRINGS, FL 33461																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State		City & State																							
Zip	Country	Zip	Country																						
4. FEI Number 76-0794688			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 GARCIA, HERIBERTO 149 GRANADA DR PALM SPRINGS, FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>																									
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> </tr> <tr> <td>NAME</td> <td>GARCIA, HERIBERTO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>149 GRANADA DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM SPRINGS, FL 33461</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Delete President owner </td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">C</td> </tr> <tr> <td>NAME</td> <td>CAROL GARCIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>149 GRANADA DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Springs, FL 33461</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President owner </td> </tr> </table> </div> </div>						TITLE	D	NAME	GARCIA, HERIBERTO	STREET ADDRESS	149 GRANADA DR	CITY-ST-ZIP	PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete President owner		TITLE	C	NAME	CAROL GARCIA	STREET ADDRESS	149 GRANADA DR	CITY-ST-ZIP	Palm Springs, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President owner	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									

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01062006 Chg-P CR2E034 (11/05)

1/10/06 642-8808



ATTACHMENT

66001219

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

TRAVEL-X-CHANGE, INC.
HERIBERTO GARCIA
149 GRANADA DR
PALM SPRINGS, FL 33461

Subject: TRAVEL-X-CHANGE, INC.

Reference Number: P05000085562

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314