




**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

**9000**



4. FEI Number	Applied For
20-3458705	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>DOCUMENT # P05000124323</b>				02-11-2008 90045 035 ***150.00	
1. Entity Name DESTINATIONS WORLDWIDE CORP.					
Principal Place of Business 2601 NW 105TH AVE. DORAL, FL 33172		Mailing Address 2601 NW 105TH AVE. DORAL, FL 33172			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-3458705	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DR STE. 201 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUSTAMANTE, LUISA 2601 NW 105TH AVENUE DORAL, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ronald Lorenzana 8141 SW 119th Court Miami, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Dominga Gonzalez 120 Royal Palm Road, Apt 307 Hialeah Gardens, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  BUSTAMANTE 1-30-08(305)					