2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000035979

Entity Name: TRAVELO CARE INC

Current Principal Place of Business:

1504 S STATE RD 7
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

1504 S STATE RD 7
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 51-0569991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGELLA, BOOUNARD
5502 WASHINGTON ST
APT # 202-D
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ____________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BORGELLA, BOOUNARD
Address: 5502 WASHINGTON ST APT 202-D
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP ( ) Delete
Name: GASPARD, PIERRE B
Address: 2387 NE 171 ST
City-St-Zip: NORTH MIAMI BCH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PIERRE B GASPARD VP 04/27/2007
Electronic Signature of Signing Officer or Director Date