

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90046 043 \*\*\*150.00

DOCUMENT # P06000122605

1. Entity Name

EPASS TRAVEL INC



Principal Place of Business

12368 SW 10th St.  
PEMBROKE PINES, FL 33025

Mailing Address

12368 SW 10th St  
PEMBROKE PINES, FL 33025

40103167



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5620637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTAMIMI, O.I.  
12368 SW 10 ST  
PEMBROKE PINES, FL 33025

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 1st, 2007

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*PSTD*  
ALTAMIMI, O.I.  
12368 SW 10 ST  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1st, 2007

Date

954-445-6782

Daytime Phone #

# ATTACHMENT

40103167

Tuesday, May 01, 2007

#PA660122602

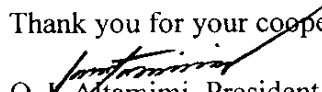
Gentlemen,

I have been trying to make my payment online for more than four hours but have been failing due to technical it's almost 10:00 PM and I have no way of forwarding the payment to you.

I am trying to have a timely filing.

Please process my application timely and due to the fact that this circumstance is beyond my control.

Thank you for your cooperation.

  
O. J. Altamimi, President  
ELASS TRAVEL, INC.

CERTIFIED MAIL #

7007 0710 0002 4715 7187