

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124040

1. Entity Name
TRAVEL WORK STUDY OVERSEAS, INC.



Principal Place of Business
7536 UNIVERSAL BLVD.
ORLANDO, FL 32819

Mailing Address
7536 UNIVERSAL BLVD.
ORLANDO, FL 32819

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5654306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASTRAUSKAS, ANDRES
1961 PORT CASTLE CIRCLE
WINTER GARDEN, FL 34787

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASTRAUSKAS, ANDRES
STREET ADDRESS	1961 PORT CASTLE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	BARBUGLI, EDUARDO
STREET ADDRESS	2040 PORT CASTLE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80014-001 150.00

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

Andres Astrauskas

7/7/08

407-448-4098