

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045430

FILED  
May 01, 2008  
Secretary of State

Entity Name: RGD TRAVEL, INC.

## Current Principal Place of Business:

8530 NORTH SHERMAN CIRCLE  
A108  
MIRAMAR, FL 33025 US

## New Principal Place of Business:

1620 SW 116 AVE  
PEMBROKE PINES, FL 33025 US

## Current Mailing Address:

8530 NORTH SHERMAN CIRCLE  
A108  
MIRAMAR, FL 33025 US

## New Mailing Address:

1620 SW 116 AVE  
PEMBROKE PINES, FL 33025 US

FEI Number: 20-8896116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUGUSTIN, SHAMEEQKA C  
8530 NORTH SHERMAN CIRCLE  
A108  
MIRAMAR, FL 33025 US

## Name and Address of New Registered Agent:

AUGUSTIN, SHAMEEQKA C  
1620 SW 116 AVE  
PEMBROKE PINES, FL 33025 US

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: SHAMEEQKA AUGUSTIN

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete  
Name: AUGUSTIN, SHAMEEQKA C  
Address: 8530 NORTH SHERMAN CIRCLE A108  
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP/S ( ) Delete  
Name: SAINT-LOUIS, JAMES  
Address: 8530 NORTH SHERMAN CIRCLE  
City-St-Zip: MIRAMAR, FL 33025 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: AUGUSTIN, SHAMEEQKA C  
Address: 1620 SW 116 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP/S (X) Change ( ) Addition  
Name: SAINT-LOUIS, JAMES  
Address: 1620 SW 116 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: SHAMEEQKA AUGUSTIN

P/T

05/01/2008

Electronic Signature of Signing Officer or Director

Date