2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P07000048888

Entity Name: MY PRIDE TRAVEL CORP.

Current Principal Place of Business:

9911 W. OKEECHOBEE RD., STE. 504
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

1614 WEST AVENUE
504
MIAMI BEACH, FL 33139

Current Mailing Address:

9911 W. OKEECHOBEE RD., STE. 504
HIALEAH GARDENS, FL 33016

New Mailing Address:

1614 WEST AVENUE
504
MIAMI BEACH, FL 33139

FEI Number: 26-2353347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILANES, ELIZABETH
9911 W. OKEECHOBEE RD., STE. 504
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

MILANES, ELIZABETH
1614 WEST AVENUE
504
MIAMI BEACH, FL 33139 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: ELIZABETH MILANES 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MILANES, ELIZABETH
Address: 9911 W. OKEECHOBEE RD., STE. 504
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: S (X) Delete
Name: MEDEROS, VIVIAN
Address: 9911 W. OKEECHOBEE RD., STE. 504
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MILANES, ELIZABETH
Address: 1614 WEST AVENUE #504
City-St-Zip: MIAMI BEACH, FL 33139

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: ELIZABETH MILANES DP 03/26/2009
Electronic Signature of Signing Officer or Director Date