
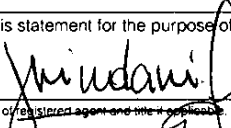
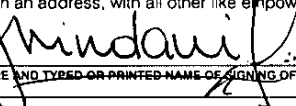


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 032 \*\*\*150.00

<b>DOCUMENT # P07000050494</b> 1. Entity Name <b>BRINDANI TRAVEL &amp; CRUISES, INC.</b>			
Principal Place of Business 2209 POLO CLUB DRIVE 301 KISSIMMEE, FL 34741		Mailing Address 2209 POLO CLUB DRIVE 301 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # <b>3124 SANDY SHORE LANE</b>		3. Mailing Address <b>3124 SANDY SHORE LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>	
Zip <b>34743</b>		Zip <b>34743</b>	
Country		Country	
4. FEI Number <b>20-8938359</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRINDANI, FIORELLA C</b> <b>2209 POLO CLUB DRIVE</b> <b>301</b> <b>KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3124 SANDY SHORE LANE</b> City <b>KISSIMMEE FL</b> Zip Code <b>34743</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINDANI, FIORELLA C 2209 POLO CLUB DRIVE #301 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3124 SANDY SHORE LANE</b> <b>KISSIMMEE FL 34743</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIOS, CARMEN M 2209 POLO CLUB DRIVE #301 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3124 SANDY SHORE LANE</b> <b>KISSIMMEE FL 34743</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>4-30-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	