

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90030 005 \*\*\*158.75

<b>DOCUMENT # P07000092254</b>					
<b>1. Entity Name</b> MK TRAVELPLAN, INC.					
<b>Principal Place of Business</b> 999 PONCE DE LEON BLVD. SUITE #50 CORAL GABLES, FL 33134			<b>Mailing Address</b> 999 PONCE DE LEON BLVD. SUITE #50 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-0734306	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name <b>BAROUH, ALBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>13165 SW 142nd Ter</b>  City <b>MIAMI,</b> FL Zip <b>33186</b>		
<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.</b>					
SIGNATURE			DATE <b>2/18/08</b>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P CACHALDORA, MARIA A 999 PONCE DE LEON BLVD., SUITE #50 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CACHALDORA, MARIA A. 3400 SW 27th Avenue Apt. 1404 MIAMI, FL 33133	<input checked="" 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
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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
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		