

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000092254

Entity Name: MK TRAVELPLAN, INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE #50  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE #50  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 26-0734306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAROUH, ALBERTO  
13165 SW 142ND TER  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: CACHALDORA, MARIA A  
Address: 3400 SW 27TH AVENUE, APT #1404  
City-St-Zip: MIAMI, FL 33133

Title: DVP  
Name: EULOGIO, GARCIA  
Address: 4100 SALZEDO STREET APT 603  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby 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 all other like empowered.

SIGNATURE: MARIA A. CACHALDORA

PRES

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date