## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000091919

City-St-Zip: MIAMI, FL 33184

Entity Name: TELE TRAVEL INTERNACIONAL, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
13030 SW MIAMI, FL				
Current N	/lailing Addres	s:	New Mailing Address	s:
13030 SW MIAMI, FL				
FEI Number	r: 26-3570790	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
LOPEZ, P 9820 SW MIAMI, FL	49TH ST			
	e named entity se e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
• · · · • • · · ·	S AND DIREC	TORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTOR
Title: Name: Address:		Delete DJ ST	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () LOPEZ, PEDRO 13030 SW 4TH MIAMI, FL 331	Delete D J ST 84 Delete LEE, JUAN M ST	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () LOPEZ, PEDRO 13030 SW 4TH MIAMI, FL 3310 VD () LEON DEL VAL 13030 SW 4TH MIAMI, FL 3310	Delete D J ST 84 Delete LE, JUAN M ST 84 Delete LEXANDRA ST	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: PEDRO J. LOPEZ PD 04/21/2009