

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90272 004 ***150.00

DOCUMENT # P36432

1. Entity Name
TRAVEL TRADERS HOTEL STORES, INC.



Principal Place of Business
6205 BLUE LAGOON DRIVE, SUITE 550
MIAMI, FL 33126 US

Mailing Address
6205 BLUE LAGOON DRIVE, SUITE 550
MIAMI, FL 33126 US

40071350



DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1963558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDC
NAME ANDERSON, SEAN
STREET ADDRESS 6205 BLUE LAGOON DRIVE, SUITE 550
CITY-ST-ZIP MIAMI, FL 33126

TITLE CFOD
NAME MANHIRE, RICHARD
STREET ADDRESS 6205 BLUE LAGOON DRIVE, SUITE 550
CITY-ST-ZIP MIAMI, FL 33126

TITLE SD
NAME MINER, TRICIA
STREET ADDRESS 6205 BLUE LAGOON DRIVE, SUITE 550
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/07 786-388-2500
Date Daytime Phone #