2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002299

Entity Name: ALL TRAVEL NETWORK, INC.

AVENTURA, FL 33180

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	E. 29 AVENUE		21205 N.E. 37AVE #1602		
#727 AVENTUR	RA, FL 33180	US	AVENTURA, FL 33180	US	
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
	. 37 AVENUE		21205 N.E. 37AVE		
#1602 AVENTUR	RA, FL 33180	US	#1602 AVENTURA, FL 33180	US	
FEI Number	: 65-0363908	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
21205 N. É #1602	HARLAN M E. 37 AVENUE RA, FL 33180				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered of	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () HERMAN, BARI 21205 N.E. 37 AVENTURA, FL	AVENUE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	HERMAN, HARI	H AVENUE, #1602	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	ROSENBAUM,	LUB DRIVE, #701	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	ROSENBAUM,	Delete ABRAHAM LUB DRIVE, #701	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: HARLAN M. HERMAN D 02/11/2009