

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000011584

1. Entity Name
ULTIMATE TRAVEL & ENTERTAINMENT, INC.



Principal Place of Business
**1522 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

Mailing Address
**1522 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0375551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAVITT, SUSAN
1522 PONCE DE LEONE BLVD.
CORAL GABLES, FL 33134**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ADLER, ROBERT
1522 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SAVITT, SUSAN
1522 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **ROBERT ADLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #