

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90015 047 \*\*\*150.00

DOCUMENT # P93000023892

1. Entity Name  
FLY AWAY TRAVEL, INC.



Principal Place of Business

9766 CORAL WAY  
#12  
MIAMI, FL 33165 US

Mailing Address

9766 CORAL WAY  
#12  
MIAMI, FL 33165 US

40067460



2. Principal Place of Business - No P.O. Box #

9766 CORAL WAY

3. Mailing Address

9766 CORAL WAY

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

01032008 Chg-P CR2E034 (12/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0390776

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREA, ISABEL  
9766 CORAL WAY  
#12  
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PEREA, ISABEL C ☐ Delete  
STREET ADDRESS 14353 S.W. 39 ST.  
CITY-ST-ZIP MIAMI, FL

TITLE V  
NAME PEREA, JOAQUIN M JR ☐ Delete  
STREET ADDRESS 14353 S.W. 39 ST.  
CITY-ST-ZIP MIAMI, FL

TITLE S  
NAME PEREA, LOURDES E ☐ Delete  
STREET ADDRESS 14353 S.W. 39 ST.  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

305 351-2222

Daytime Phone #