

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000069162

1. Entity Name  
TRANSEAGLE TRAVEL CORP.



Principal Place of Business

2750 WEST 68 STREET  
SUITE 123  
HIALEAH, FL 33016 US

Mailing Address

2750 WEST 68TH ST.  
SUITE 123  
HIALEAH, FL 33016

06 MAY 10 11:12

STATE OF FLORIDA



04-12-06 90103 020 8150.00  
04072006 No Chg-P CR2E034 (11/05) 0p

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0444477

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NURIS, PICHIRILO  
2750 WEST 68TH ST.  
SUITE 123  
HIALEAH, FL 33016

**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 \_\_\_\_\_

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, 2006 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	DPST PICHIRILO, NURIS 2750 WEST 68TH ST STE 123 HIALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06 305/822-5458  
Date Daytime Phone #