

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000082033
1. Entity Name
PALOMA TRAVEL, INC.



Principal Place of Business Mailing Address
4310 S SEMORAN BLVD 4310 S SEMORAN BLVD
ORLANDO, FL 32822 US ORLANDO, FL 32822 US



DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3215102 Not Applicable

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

6. Name and Address of Current Registered Agent
RUBIN, LEONOR L
2110 SUFFIELD DRIVE
WINTER PARK, FL 32792

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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: *Leonor Rubin* DATE: *04/01/03*

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	P
NAME	RUBIN, LEONAR
STREET ADDRESS	2110 SUFFIELD DRIVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80008-013 150.00

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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: *Leonor Rubin* DATE: *04/01/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #