

2006
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

P93000084722

FILED

06 MAY 12 PM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000084722

1. Entity Name
PERSVOYAGE, INC.



Principal Place of Business
**6457 N. FEDERAL HWY, STE B
BOCA RATON, FL 33487 US**

Mailing Address
**6457 N. FEDERAL HWY, STE B
BOCA RATON, FL 33487 US**

DO NOT WRITE IN THIS SPACE



5/12/06 90029 011 \$300.00
05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0460243

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REFGH, MASOUD
6457 N FEDERAL HWY.
STE. 8
BOCA RATON, FL 33487**

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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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **REFGH, MASOUD**
STREET ADDRESS **6457 N. FEDERAL HWY, STE B**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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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)(i), 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

Date

Daytime Phone #

4/20/06