

# 2004-FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000018028

1. Entity Name  
DISCOVERY TRAVEL USA, INC.



Principal Place of Business  
2101 ATLANTIC SHORES BLVD, STE #401  
HALLANDALE, FL 33009

Mailing Address  
2101 ATLANTIC SHORES BLVD, STE #401  
HALLANDALE, FL 33009

FILED

04 FEB 20 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0491789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JEAN I  
2101 ATLANTIC SHORES BLVD, STE #401  
HALLANDALE, FL 33009

**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

500029452725  
02/26/04--01022--013 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	D WILLIAMS, JEAN I 2101 ATLANTIC SHORES BLVD, STE #401 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELLEN, ROBERTS A. #9 SEAPORT MARKET PLACE ARUBA, ANTILLES,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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)(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 #

2/14/04