


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000048052

1. Entity Name  
 NEW WORLD TRAVEL OF SOUTH FLORIDA, INC.



Principal Place of Business	Mailing Address
10404 W FLAGLER ST 3 MIAMI, FL 33174 US	10404 W FLAGLER ST 3 MIAMI, FL 33174 US



01112008 No Chg P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0502288	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

CASTILLO, ALVARO B ESQ  
 1390 BRICKELL AVENUE  
 SUITE 200  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	SDT FRANCISO, ORTEGA C 8271 SW 124 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZURITZ, WINZELER 8271 SW 124 STREET MIAMI, FL
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 04/10/06-80048-001 150.00

**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 or other (to be empowered)

SIGNATURE: Luzette Winzeler PRESIDENT 03-22-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #