2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000048052

NEW WORLD TRAVEL OF SOUTH FLORIDA, INC.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

10404 W FLAGLER ST

MIAMI, FL 33174

Mailing Address

10404 W FLAGLER ST

MIAMI, FL 33174 US



04072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0502288

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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	
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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS	00000302754
TITLE SDT	04/30/08-80018-019 150.00
NAME FRANCISO, ORTEGA C	
SIREET ADDRESS 8271 SW 124 STREET CITY-ST-ZIP MIAMI, FL	
TIME P	귀하는 사용들이 제품도 지수하는 것이
NAME ZURITZ, WINZELER	
STREET ADDRESS 8271 SW 124 STREET	
City-St-ZiP MIAMI, FL	
TITLE	
NAME	
STHELT ADDRESS	DO NOT WRITE
CITY-SI-ZIP	── 그가 쓰는 사람이 하셨다. 중요한 그는 그를 들었다. 그는 사람이 그 그들은 그 가는 것을 하는 것이다.
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TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
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

04-12-2008

Date

Daytime Phone #