
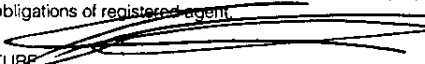
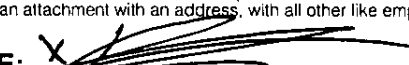


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90008 040 \*\*\*150.00

<b>DOCUMENT # P96000053978</b> 1. Entity Name <b>TRAVEL CONNECTION OF NORTH AMERICA, INC.</b>					
Principal Place of Business <b>1211 N. STATE RD. #7 HOLLYWOOD, FL 33021</b>			Mailing Address <b>1211 N. STATE RD. #7 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEON, RAMON</b> <b>1211 N. STATE RD. #7</b> <b>HOLLYWOOD, FL 33021</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE: <b>5/10/07</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEON, RAMON</b>		NAME		
STREET ADDRESS	<b>1211 N. STATE RD. #7</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/10/07</b> <b>954986080</b> <small>Daytime Phone #</small>		

40119390

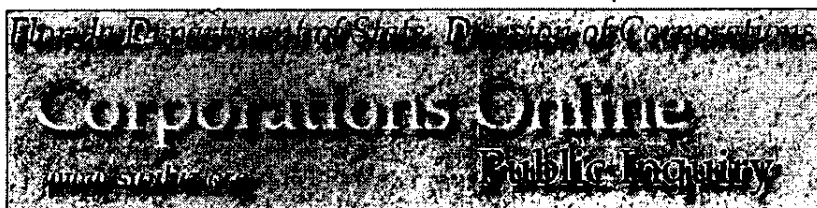


05022007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0675606** Applied For ☐ Not Applicable ☐

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

ATTACHMENT 40119390



## Florida Profit

## TRAVEL CONNECTION OF NORTH AMERICA, INC.

## PRINCIPAL ADDRESS

1211 N. STATE RD. #7  
HOLLYWOOD FL 33021

## MAILING ADDRESS

1211 N. STATE RD. #7  
HOLLYWOOD FL 33021Document Number  
P96000053978FEI Number  
650675606Date Filed  
06/25/1996State  
FLStatus  
ACTIVEEffective Date  
NONELast Event  
REINSTATEMENTEvent Date Filed  
11/20/1997Event Effective Date  
NONE

## Registered Agent

Name & Address
LEON, RAMON 1211 N. STATE RD. #7 HOLLYWOOD FL 33021
Address Changed: 11/20/1997

## Officer/Director Detail

Name & Address	Title
LEON, RAMON 1211 N. STATE RD. #7 HOLLYWOOD FL 33021	D

## Annual Reports

**ATTACHMENT**  
**40119390**

Report Year	Filed Date
2004	04/29/2004
2005	09/26/2005
2006	09/25/2006

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No Name History Information

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[04/23/1999 -- ANNUAL REPORT](#)  
[05/14/1998 -- ANNUAL REPORT](#)  
[11/20/1997 -- REINSTATEMENT](#)

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)