2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2007 08:00 All Secretary of State DOCUMENT # P96000085484 R & FAMILY TRAVEL CORP. Principal Place of Business Mailing Address 4735 PALM AVENUE 4735 PALM AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 65-0705789 Not Applicable Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDRAZA, REINALDO Street Address (P.O. Box Number is Not Acceptable) **4735 PALM AVENUE** HIALEAH FL 33012 Zip Code 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 it applicable. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition uni. ☐ Change 11111 Delete U000000627721 PEDRAZA, REINALDO ΝΑΜΓ NAME 4735 PALM AVENUE 02/15/07-80071-020 150.00 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-S1-7IP CHY-ST-ZIP Change ☐ Addition HILE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-S1-7IP ☐ Change ☐ Addition ☐ Delete THIE THE NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition HILLE NAME. NAMI STREET ADDRESS STREET ADDRESS CIFY-SI-ZIP CITY-S1-7IP [] Change ■ Addition Delete иш HILE NAME NAME STREET ADDRESS SURFET ADDRESS CITY-ST-7IP CITY-SI-ZIP ☐ Change HILE Delete TITLE Addition NAMÉ NAML STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

1/3/107

Daytime Phone #

FILED