

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000103080

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** CORPORATE TRAVEL SALES BUREAU, INC.

**Current Principal Place of Business:**

5850 CORAL RIDGE DR  
SUITE 310  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

5850 CORAL RIDGE DR  
SUITE 310  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 65-0717637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, JOAN  
5850 CORAL RIDGE DR  
SUITE 310  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARVEY, JOAN  
Address: 4853 NW 124THWAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VTD  
Name: D'AMBROSIO, CATHERINE E  
Address: 10777 W SAMPLE ROAD APT 614  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN HARVEY

PRES

04/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date