

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-20-2004 90007040\*\*\*\*558.75  
P97000015855

DOCUMENT # P97000015855

1. Entity Name

J & JC TRAVEL CORPORATION

ADMIN DISSOLUTION FOR ANNUAL REPORT



FILED

04 SEP -9 PM 2:12

SECRETARY OF STATE  
FLORIDA  
JANUARY STATEMENT

00-04

Principal Place of Business  
753 NE 167TH ST.  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address  
753 NE 167TH ST.  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

753 NE 167<sup>th</sup> ST.

Suite, Apt., etc.

N/A

City & State

NORTH MIAMI BEACH FL

Zip

33162

Country

USA

3. Mailing Address

753 NE 167<sup>th</sup> STREET

Suite, Apt., etc.

N/A

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

MOORE

CR2E034 (4/04)

4. FEI Number 65-0739748

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TAMPLENZZA, ANNA  
281 NE 170TH ST  
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

AUG 17, 2004  
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing - \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME TAMPLENZZA, ANNA

STREET ADDRESS 281 NE 170TH STREET

CITY-ST-ZIP NORTH MIAMI BEACH FL 33122

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 17, 2004

Date

Daytime Phone #