

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048627

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: TRAVEL CARE SERVICES CORPORATION

## Current Principal Place of Business:

12955 BISCAYNE BLVD #406  
N MIAMI, FL 33181 US

## New Principal Place of Business:

12550 BISCAYNE BLVD #506  
N MIAMI, FL 33181 US

## Current Mailing Address:

12955 BISCAYNE BLVD #406  
N MIAMI, FL 33181 US

## New Mailing Address:

12550 BISCAYNE BLVD #506  
N MIAMI, FL 33181 US

FEI Number: 65-0772695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POMERANZ, MARK L  
12955 BISCAYNE BLVD  
SUITE 202  
NORTH MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

NICOLE, POIRIER  
12936 CHERRY ROAD  
NORTH MIAMI, FL 33181 US

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: NICOLE POIRIER

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POIRIER, NICOLE  
Address: 12936 CHERRY ROAD  
City-St-Zip: N MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICOLE POIRIER

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date