2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2004 8:00 am Secretary of State **DOCUMENT # P97000050139** 04-16-2004 90039 036 ***150.00 1. Entity Name BONJOUR TRAVEL, INC. Principal Place of Business Mailing Address 136 N E 54TH STREET 136 N E 54TH STREET MIAMI FL 33137 US 66419458 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address 136 NE. TRAVEL BONJOUR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State **⊘a** State 4. FEI Number Applied For 65-0761409 MIANI Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERRIER, GERARD Street Address (P.O. Box Number is Not Acceptable) 12301 N E 2ND COURT NORTH MIAMI FL 33161 City 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 if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW UP FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITLE ☐ Charge TITLE GERRIER, GERARD 12301 N E 2ND COURT STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 direct this report as required by Chapter 507, 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.

FILED

04/23/04-305-754-100