


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90098 042 ***150.00

DOCUMENT # P97000102603 1. Entity Name SEVEN SEAS TRAVEL OF PALM BEACH COUNTY, INC.			
Principal Place of Business 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 33426 US		Mailing Address 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 33426 US	
2. Principal Place of Business - No P.O. Box # 15900 Boeing Court Suite, Apt. #, etc.		3. Mailing Address 15900 Boeing Ct Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414 Country USA		City & State Wellington, FL Zip 33414 Country USA	
4. FEI Number 65-0796623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALOGH, NOELLE 1840 FAIRFAX CIRCLE E BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name 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 <u>Noelle Balogh Noelle Balogh</u> DATE <u>2/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALOGH, ANDREW E 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 334627412	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BALOGH, NOELLE 1340 FAIRFAX CIRCLE EAST BOYNTON BEACH, FL 334627412	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Noelle Balogh Noelle Balogh</u>		Date <u>2/7/07</u> Daytime Phone # <u>5613333415</u>	

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