
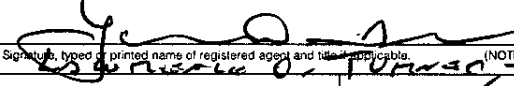



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 011 ***150.00

DOCUMENT # P98000015686					
1. Entity Name SIGNATURE MARKETING & TRAVEL, INC.					
Principal Place of Business 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137			Mailing Address 4100 N.E. 2ND AVE. SUITE 206 MIAMI, FL 33137		
2. Principal Place of Business 316 NE Fourth St Suite, Apt. #, etc.		3. Mailing Address 316 NE Fourth St Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL Zip: 33301, Country: USA		City & State FT. LAUDERDALE, FL Zip: 33301, Country: USA		4. FEI Number 65-0817373	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURNER, LAWRENCE O JR 4100 NE SECOND AVE, SUITE 206 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 316 NE Fourth St City: FT LAUDERDALE, FL Zip Code: 33301		
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: 4/22/04 <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, 2004 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: D NAME: TURNER, LAWRENCE O JR STREET ADDRESS: 4100 NE SELAND AVE, STE 206 CITY-ST-ZIP: MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 316 NE Fourth St STREET ADDRESS: FT LAUDERDALE, FL 33301 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE: 4/22/04 Daytime Phone #: 954.727.9877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					