2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000045074

FOUR AMIGOS TRAVEL, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3666 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311 3666 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311



04152008

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0838835

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HINDEN, JON A ESQ 4430 SW 64TH AVENUE DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

			-	IN THIS SPACE			
					Section 1	·: · .	٠
	named entity submits this statement for the pions of registered agent.	eurpose of changing its re	egistered office or re	gistered agent, or b	oth, in the State of Florida. I a	m familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title	facolicable (NOTE)	Registered Agent signature	required when reinstating)	UUUUUUSH AAA	77	-
	Signature, typed or printed name of registered agent should be	rappicable. (NOTE.)	adiate on Vigent e-Brigging	1			1
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees	20, 00, 00, 2000		•
10.	OFFICERS AND DIREC	CTORS	J.,	. V		, V4 +	* · .
TITLE	PSTD		* .	•		x 1 (4,11)	. 2
NAME	SCHLOM, RONALD M					• .	
STREET ADDRESS CITY-ST-ZIP	3666 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311		•	•		and the second	•
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CITY-ST-ZIP							
TITLE			,	· ·			-1
NAME						Maria Linguista (St. P. Jang)	. ,
STREET ADDRESS	<u> </u>						
CITY-ST-ZIP			L		· · · · · · · · · · · · · · · · · · ·		
12. I hereby of indicated	pertify that the information supplied with this file on this report or supplemental report is true a	ling does not qualify for and accurate and that my	the exemptions con signature shall have	tained in Chapter 1 e the same legal effe	 Florida Statutes. I further of ect as if made under oath: that 	ertify that the informat	tion actor

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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Daytime Phone #