

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90455 023 ***150.00

DOCUMENT # P99000004197					
1. Entity Name TITA'S TRAMITE & TRAVEL, INC.					
Principal Place of Business 11015 S.W. 152ND TERRACE MIAMI, FL 33157			Mailing Address 11015 S.W. 152ND TERRACE MIAMI, FL 33157		
2. Principal Place of Business 2350 SW 8 ST Suite, Apt. #, etc. Suite 1		3. Mailing Address 2350 SW 8 ST Suite, Apt. #, etc. Suite 1			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 04202004 Chg-P CR2E034 (10/03) 65-0887947	
Zip 33135		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRERO, ODALYS DE LA C 11015 S.W. 152ND TERRACE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name: MARRERO, ODALYS DE LA C Street Address (P.O. Box Number is Not Acceptable): 11287 SW 88 ST L-109 City: MIAMI FL Zip Code: 33176		
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>ODALYS C Marrero</u> DATE: <u>04-21-2004</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MULET, RICARDO G STREET ADDRESS 11015 SW 152ND TERRACE CITY-ST-ZIP MIAMI, FL 33157	☐ Delete		TITLE P NAME MULET, RICARDO G STREET ADDRESS 2030 SW 122 AVE # 17 Miami CITY-ST-ZIP FL 33176	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE D NAME MULET, ROLANDO G STREET ADDRESS 11287 SW 88 ST #L-109 Miami CITY-ST-ZIP FL 33176	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Ricardo G Mulet</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>04/21/04</u> Daytime Phone #: <u>305 226-5754</u>		