

FILED
Mar 07, 2006 8:00 am
Secretary of State

01-26-2006 90047 021 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000013900

1. Entity Name
VIAJES PRINCIPAL CORPORATION



Principal Place of Business

**801 WEST 49TH STREET
109
HIALEAH, FL 33012**

Mailing Address

**801 WEST 49TH STREET
109
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0896922

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TELLECHEA, DULCE
801 W 49 ST. SUITE 109
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 17, 2006: Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MACHIN, FRANCISCO**
STREET ADDRESS **9737 NW 29TH TERR**
CITY-STATE-ZIP **MIAMI, FL 331721077**

TITLE **VP**
NAME **MACHIN, DULCE**
STREET ADDRESS **9737 NW 29TH TERR**
CITY-STATE-ZIP **MIAMI, FL 331721077**

TITLE **S**
NAME **MACHIN, MARIA A**
STREET ADDRESS **9737 NW 29TH TERR**
CITY-STATE-ZIP **MIAMI, FL 331721077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06

Date

(305) 551-5157

Daytime Phone #



ATTACHMENT

66003894

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

VIAJES PRINCIPAL CORPORATION
801 WEST 49TH STREET
109
HIALEAH, FL 33012

Subject: VIAJES PRINCIPAL CORPORATION

Reference Number:

P99000013900

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION