2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 13, 2006 8:00 am
Secretary of State
05-09-2006 90067 019 ***150.00

DOCUMENT # P99000023929

1. Entity Name
INTERNATIONAL TRAVEL BROKERS INC.

Principal Place of Business	Mailing Address
10211 WEST SAMPLE ROAD SUITE 215 CORAL SPRINGS, FL 33065	10211 WEST SAMPLE ROAD SUITE 215 CORAL SPRINGS, FL 33065

66021739

03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0904919
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STUBBS, JOSEFINA C
6709 YELLOWSTONE LANE
PARKLAND, FL 33067

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 _____ DATE
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, 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	P
NAME	STUBBS, JOSEFINA L
STREET ADDRESS	6709 YELLOWSTONE LN
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	VP
NAME	STUBBS, EDGAR H
STREET ADDRESS	6709 YELLOWSTONE LN
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: V.P. 6-20-06 (954) 227-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #