2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000046346

1. Entity Name

SOUTHAMERICA TRAVEL NET, INC.



FILED Jan 09, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

12800 SW 104 TERRACE MIAMI, FL 33186

12800 S. W. 104 TERRACE MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

			\$8.75 Additional	
65-0930992			Not Applicable	
4. FEI Number			Applied For	
01052006 No Chg-P		CR2E034 (11/05)		

5. Certificate of Status Desired Fee Required

EGUREN, FEDERICO PEREZ 12800 S.W. 104 TER MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. SIGNATURE FEDERICO PEREZ ESUREN (NOTE Registered Agent agenture required when reinstating) JAN . 05/05							
	B NOW!!! FEE IS \$150.00 By 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ EGUREN, FEDERICO 12800 SW 104 TER MIAMI, FL 33186						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-EGUREN, ALEJANDRO 10115 JEFFREYS #2119 BLDG. 34 HENDERSON, NV 89123				000000378964 01/10/06-86003-621 190.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D PEREZ-EGUREN, RAFAEL 12800 SW 109 TER. MIAMI, FL 33186			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director							

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ress, with all other like empowered. of the corporation or the received

SIGNATURE:

PERBZ EGUREN