2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000088032

1. Entity Name
GASPA TRAVEL, INC.

Principal Place of Business	Mailing Address
529 NE 1ST AVE C/O GREYHOUND OCALA, FL 34470	529 NE 1ST AVE C/O GREYHOUND OCALA, FL 34470

FILED
Apr 23, 2004 08:00 AM
Secretary of State

04222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3601179	Not Applicable

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

6. Name and Address of Current Registered Agent

ZARATE, MARIO
2626 SE 1ST STREET
OCALA, FL 34471

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000126002
04/23/04--80017--001 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ZARATE, MARIO
STREET ADDRESS	2626 SE 15TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VS
NAME	ZARATE, LUELLA
STREET ADDRESS	2626 SE 15TH STREET
CITY-ST-ZIP	OCALA, FL 34471
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	

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: _____ MARIO ZARATE   4/22/04   (352) 732-267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #