

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 SEP -7 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000106295					
1. Entity Name CONDOR TRAVEL & SERVICES, INC.					
Principal Place of Business 7465 SW 8TH STREET MIAMI, FL 33144			Mailing Address 7465 SW 8TH STREET MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0966101	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAQUE, ORLANDO A 7465 SW 8TH STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name LUZ MARINA SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 7765 SW 86 ST # F2-410 City MIAMI FL Zip Code 33143		
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>LUZ MARINA SANCHEZ</u>			DATE: 09/02/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	ESTEBAN, JEAN PIERRE		NAME	LUZ MARINA SANCHEZ	
STREET ADDRESS	7465 SW 8TH STREET		STREET ADDRESS	7765 SW 86 ST # F2-410	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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>LUZ MARINA SANCHEZ</u>			DATE: 09/02/05		
Signature and typed or printed name of signing officer or director			Daytime Phone #		

6. Extra SEP = 7 2005