2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # S59116

1. Entity Name

GOING PLACES TRAVEL & TOURS, INC.

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90095 026 ***150.00

Principal Place of Business	Mailing Address
GOLDEN ISLES PROFESSIONAL BLDG. 1920 E HALLANDALE BCH. BLVD. STE. 603 HALLANDALE FL 33009	GOLDEN ISLES PROFESSIONAL BLDG. 1920 E HALLANDALE BCH. BLVD. STE. 603 HALLANDALE FL 33009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE   CR2E034 (11/03)

4. FEI Number **65-0279122** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIALOSTOTZKI, MALTIA 1920 E. HALLANDALE BEACH BLVD. SUITE 603 HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PSDT** NAME **BIALOSTOTZKI, MALTIA** STREET ADDRESS **1920 E HALLANDALE BCH BLVD., #603** CITY-ST-ZIP **HALLANDALE FL 33009**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _Maltia Bialostotzki_ PRESIDENT   04-20-04   954-458-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #