



FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # S86600				Feb 21, 2006 08:00 AM	
1. Entity Name C.O.J. TRAVEL, INC.				Secretary of State	
Principal Place of Business 12550 BISCAYNE BLVD. SUITE 607 N. MIAMI FL 33181		Mailing Address 12550 BISCAYNE BLVD. SUITE 607 N. MIAMI FL 33181			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0288281 <input type="checkbox"/> Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RUBINSTEIN, BETTY 12550 BISCAYNE BLVD #607 NORTH MIAMI FL 33181				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	RUBINSTEN, BETTY	NAME			
STREET ADDRESS	12550 BISCAYNE BLVD #607	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	RUBINSTEIN, BETTY	NAME			
STREET ADDRESS	12550 BISCAYNE BLVD #607	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	RUBISTEN, SANDY	NAME			
STREET ADDRESS	12550 BISCAYNE BLVD 607	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	RUBINSTEN, WENDY	NAME			
STREET ADDRESS	12550 BISCAYNE BLVD 607	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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 exemptions contained in Section 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: <u>Betty Rubinsten</u> BETTY RUBINSTEIN Feb-16-06 305-893-2352					