

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V19232

1. Entity Name
PRIME TRAVEL SERVICES, INC.



Principal Place of Business
**999 PONCE DE LEON BLVD.
SUITE #525
CORAL GABLES, FL 33134 US**

Mailing Address
**999 PONCE DE LEON BLVD.
SUITE #525
CORAL GABLES, FL 33134 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0316540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LODIN, SCOTT
HUGHES, HUBBARD & REED
801 BRICKELL AVENUE, SUITE 1100
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOLIVAR, JOAQUIN
STREET ADDRESS 999 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL

TITLE STD
NAME BOLIVAR, ANNIE H
STREET ADDRESS 999 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL

TITLE VP
NAME BOLIVAR, JOSE R
STREET ADDRESS 999 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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01/25/06-80038-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose R. Bolivar **Jose R. Bolivar** 1-19-06 787-728-3666