

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556670

FILED
Apr 12, 2004
Secretary of State

Entity Name: TRAVEL CONNECTION, INC.

Current Principal Place of Business:

7006 S.W. 87 AVE.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7006 S.W. 87 AVE.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-1788232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVEN, LENORE S.
8124 SW 81 TERRACE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TRAKTMAN, GERALD,
Address: 1643 BRICKELL AVE #2102
City-St-Zip: MIAMI, FL 33125

Title: P () Delete
Name: RAVEN, LENORE S.,
Address: 8124 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: FADER, ALBERT E.,
Address: 650 PARK AVENUE
City-St-Zip: NEW YORK, NEW YORK 00000,

Title: V () Delete
Name: RAVEN, ALAN,
Address: 8124 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: MATZ, SAMUEL V.,
Address: 8380 SW 154TH TERRACE
City-St-Zip: MIAMI, FL 00000,

Title: V () Delete
Name: SAYOC, MADELINE,
Address: 1170 NE 170TH STREET
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE S. RAVEN

P

04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date