

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H16443

**Entity Name:** PROFESSIONAL TRAVEL ASSOCIATES, INC.

**Current Principal Place of Business:**

11920 SW 22 CT  
DAVIE, FL 33325

**Current Mailing Address:**

11920 SW 22 CT  
DAVIE, FL 33325 US

**FEI Number:** 59-2441641

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHMIDT, CELIA PRES  
11920 SW 22 CT  
DAVIE, FL 33325 US

*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

**Officer/Director Detail :**

Title S  
Name SCHMIDT, MARK L  
Address 11920 SW 22 CT,  
City-State-Zip: DAVIE FL 33325

Title P  
Name SCHMIDT, CELIA  
Address 11920 SW 22 CT,  
City-State-Zip: DAVIE FL 33325

Title D  
Name SCHMIDT, JUSTIN  
Address 11920 SW 22 CT,  
City-State-Zip: DAVIE FL 33325

Title D  
Name MATTEL, HARVEY  
Address 11920 SW 22 CT,  
City-State-Zip: DAVIE FL 33325

*I hereby 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 all other like empowered.*

**SIGNATURE:** CELIA SCHMIDT

**PRESIDENT**

**02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date