

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067519

Entity Name: PRESTIGE TRAVEL SYSTEMS, INC.**Current Principal Place of Business:**4802 GUNN HWY
SUITE 158
TAMPA, FL 33624**Current Mailing Address:**4802 GUNN HWY
SUITE 158
TAMPA, FL 33624**FEI Number:** 59-3660366**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EVANS, PAMELA
4802 GUNN HWY
SUITE 158
TAMPA, FL 33624 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 PRESIDENT
Name CLEARY, LENA C
Address 4802 GUNN HWY
 SUITE 158
City-State-Zip: TAMPA FL 33624Title VP
Name KROSLAK, AMARIS
Address 4802 GUNN HWY
 SUITE 158
City-State-Zip: TAMPA FL 33624Title VPD
Name LASCALA-DETORE, KIMBERLY
Address 4802 GUNN HIGHWAY, #158
City-State-Zip: TAMPA FL 33624Title ST
Name EVANS, PAMELA
Address 4802 GUNN HIGHWAY, #158
City-State-Zip: TAMPA FL 33624Title DIRECTOR
Name LASCALA, RON
Address 4802 GUNN HWY
 SUITE 158
City-State-Zip: TAMPA FL 33624Title DIRECTOR
Name LASCALA, ANITA
Address 4802 GUNN HWY
 SUITE 158
City-State-Zip: TAMPA FL 33624

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: ANITA LASCALA**DIRECTOR****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date