

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387668

FILED
Jan 22, 2008
Secretary of State

Entity Name: TRANS OLYMPIA TOURS, INC.

Current Principal Place of Business:

18851 NE 29TH NE AVE.
SUITE 768
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH NE AVE.
SUITE 768
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-1367676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLIAKOS,NICKOLAS
18851 NE 29TH AVE SUITE 768
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

FLIAKOS,NICKOLAS
18851 NE 29TH AVE
SUITE 768
AVENTURA, FL 33180 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:

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLIAKOS,NICKOLAS,
Address: 3500 MYSTIC PT DR. #1402
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: FLIAKOS,MARY,
Address: 3500 MYSTIC PT DR, #1402
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: NICKOLAS FLIAKOS

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date