

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2010  
Secretary of State**

DOCUMENT# L09000083631

Entity Name: ALL DREAM TOURS, LLC

**Current Principal Place of Business:**

10386 NW 30 TERRACE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10386 NW 30 TERRACE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

VILA, FIORELLA  
10386 NW 30 TERRACE  
DORAL, FL 33172 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VILA, FIORELLA  
Address: 10386 NW 30 TERRACE  
City-St-Zip: DORAL, FL 33172

Title: MGRM  
Name: SAER, SAMIR  
Address: 10386 NW 30 TERRACE  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FIORELLA VILA

MGR

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date