2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 02, 2005 8:00 am **Secretary of State** DOCUMENT # P00000103394 1. Entity Name 03-02-2005 90095 011 ***150.00 EL JOY TOURS, INC. Principal Place of Business Mailing Address 3300 PINEWALK DRIVE N #1915 2300 PINEWALK-DRIVE N #1915 50022140 MARGATE FL 33063 2226 Seagrape Coconst Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 65-1054321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required^{*} 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Weiss -WEISS, LAURIE J Street Address (P.O. Box Number is Not Acceptable) 3200 PINEWALK-DRIVE N #1915 MARGATE FL 33063 2226 Seagrape Circle CGGGGGC Coconst Creek, FL 33066 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ROFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE WEISS, LAURIE J NAME 3500 PINEWALK DRI STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE Addition NAME WEISS, ROZALIND STREET ADDRESS 2226 SEAGRAPE CIRCLE STREET ADDRESS COCONUT CREEK FL 33065 CITY-ST-ZIP Delete TITLE Change . ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF Delete Addition NAME MAKAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED