

2004

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90010 035 ***150.00

DOCUMENT # P01000033190
1. Entity Name Excursions By Lane Venture, Inc.

DO NOT WRITE IN THIS SPACE

54022616

2. Principal Place of Business 1855 Griffin Rd. Suite, Apt. #, etc. Suite A-318	3. Mailing Address 2419 Le Jeune Rd. Suite, Apt. #, etc.
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City & State Dania, FL	City & State Coral Gables, FL
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Zip 33004-2240	Country USA	Zip 33134-5804	Country USA
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4. FEI Number 65-1092481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Santamarina, Raul	
Street Address (P.O. Box Number is Not Acceptable) 9411 S.W. 55th St.	
City Miami	Zip Code FL 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D/P	NAME Santamarina, Raul	TITLE	NAME
STREET ADDRESS 9411 S.W. 55th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE D/VP	NAME Santamarina, Maria	TITLE	NAME
STREET ADDRESS 9411 S.W. 55th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE D/S/T	NAME Garcia, Celia	TITLE	NAME
STREET ADDRESS 9340 S.W. 54th St.	CITY - ST - ZIP Miami, FL 33165	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Santamarina 3/23/04 305-446-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)