2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000020129 DOCUMENT # 1. Entity Name 04-28-2003 91426 009 ***150.00 ANPHIL TOURS & TRAVEL SERVICE INC Principal Place of Business Mailing Address 2470 ALBANY DR 2470 ALBANY DR1 KISSIMMEE FL 34758 KISSIMMEE FL 34758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State Not Applicable (0)-14 Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMDIAL, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 2470 ALBANY DR KISSIMMEE FL 34758 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee wall be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State DFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE? Delete TITLE RAMDIAL, PHILLIP NAME NAME's 2470 ALBANY DR STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34758 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RAMDIAL, ANEEL NAME STREET ADDRESS 250 PARK LANE, UNION PARK STREET ADDRESS **GOPAUL LANDS, TRINIDAD WI 99999** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SECT SECT. Change **Addition** Delete NAME RAMDIAL, ANILA NAME JHURILAL, INRONE 250 PARK LANE, UNION PARK STREET ADDRESS STREET ADDRESS LBANY DR KISSIMMEG. CITY-ST-ZIP CITY-ST-ZIP GOPAUL LANDS, TRINIDAD WI 99999 **Par** Defete Change Addition TITLE RAMDIAL, ANN NAME NAME 250 PARK LANE, UNION PARK STREET ADDRESS STREET ADDRESS **GOPAUL LANDS, TRINIDAD WI 99999** CITY-ST-ZIP 6DJ. CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME

12. Thereby 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 with all other like er

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition