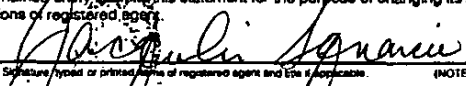
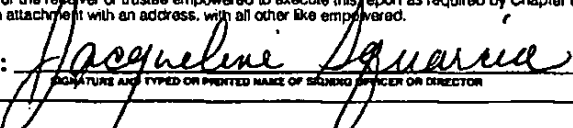


2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Aug 29, 2005 8:00 am
Secretary of State

08-04-2005 90004 004 ***158.75

DOCUMENT # P04000114013			
1. Entity Name JASA MIAMI TOURS, INC.			
Principal Place of Business 425 EAST 3RD AVENUE UNIT 6 HIALEAH, FL 33010		Mailing Address 425 EAST 3RD AVENUE UNIT 6 HIALEAH, FL 33010	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07282005		Chg-P CR2E034 (10/03)	
4. FEI Number 06-1731036		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 GW-22ND ST. 4TH FLOOR MIAMI, FL 33145 N/A NONE appointed		7. Name and Address of New Registered Agent Name: JACQUELINE SQUARCIA Street Address (P.O. Box Number is Not Acceptable) 425 EAST 3RD AVE #6 City: Hialeah FL Zip Code: 33010	
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: 		JACQUELINE SQUARCIA/Treasurer 8/18/05 (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SQUARCIA, ALESSANDRO 425 EAST 3RD AVENUE #6 HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SQUARCIA, JACQUELINE 425 EAST 3RD AVENUE #6 HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		7/29/05 786 301 1104 Date Daytime Phone #	