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Aug 29, 2005 8:00 am
Secretary of State

08-04-2005 90004 004 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114013

1. Entity Name
JASA MIAMI TOURS, INC.

66026561

Principal Place of Business	Mailing Address
425 EAST 3RD AVENUE UNIT 6 HIALEAH, FL 33010	425 EAST 3RD AVENUE UNIT 6 HIALEAH, FL 33010

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

07282005 Chg-P CR2E034 (10/03)

4. FEI Number EIN# 06-1731036 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA~~, P.A.
~~1840 SW 22~~ND ST.
4~~TH 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 [signature] JACQUELINE SQUARCIA / Treasure 8/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PD	☐ Delete
NAME	SQUARCIA, ALESSANDRO	
STREET ADDRESS	425 EAST 3RD AVENUE #6	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	ST	☐ Delete
NAME	SQUARCIA, JACQUELINE	
STREET ADDRESS	425 EAST 3RD AVENUE #6	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: [signature] 7/29/05 786 301 1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #