2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State		
DOCU	MENT # P040001140)13		, .	Seci	etary or State	
1. Entity Nam							
JASA WIN	AMI TOURS, INC.			7			
Principal Plac	ce of Business	Mailing Address			-		
425 EAST 31	RD AVENUE	425 EAST 3RD AVENUE					
UNIT 6 HIALEAH, FL	33010	UNIT 6 HIALEAH, FL 33010		1 1 1 1 1 1 1 1 1 1	: 	INT STANT STATE WHERE WHERE STANKE STRUMB DE FRANK	
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				01242007	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For	
				06-173		Not Applicable	
	talian in the state of the stat			5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent				Mikali Makin madani saramata r	
SQUARCIA, JACQUELINE				SENO	NOT W	RITE	
425 EAST 3RD AVE, # 6 HIALEAH, FL 33010			rijiki	** ** * ** *** * * * * * * * * * * * * *		The second secon	
(HALLINI, I E COOTS				IN	THIS SF	ACE	
SIGNATURE.	Signature, typed or printed name of registered agent and	Thire if applicable. (NOTE: Registere	d Agent signature req	Tuired when renatisting)		DATE	
	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution,		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	RECTORS				i kanada kanada	
TITLE NAME	PD SQUARCIA, ALESSANDRO				klimitet kein lait Konstant	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS	I				6 4 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6		
CITY-ST-ZP	HIALEAH, FL 33010		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UDDOCI	516618	
TITLE NAME	ST SOLIABOLA JACQUELINE				02/07/07	30035-010 158.75	
STREET ADDRESS	SQUARCIA, JACQUELINE 425 EAST 3RD AVENUE #6				. San Bilippy (
CITY-ST-ZIP	HIALEAH, FL 33010						
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CITY-ST-ZIP							
TITLE			Andrew grober minit	ા કોરો મહાનું લેકેટ કેલ્લ	ji paradahaji 119 T		
NAME COPET ADDRESS			J. 10. 1	1.	grada da Sili	4 20	
STREET ADDRESS CITY-ST-ZIP			1				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CICNIATUDE:

TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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