## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097590

FILED May 03, 2008 Secretary of State

Entity Name: EXELLENCE WHOLESALER & RECEPTIVE TOUR OPERATOR INC.

Current Pr	incipal Place of E	Business:	New Principa	New Principal Place of Business:			
1455 N. TREASURE DRIVE 3E				5201 BLUE LAGOON DR 848			
NORTH BAY VILLAGE, FL 33141 US				MIAMI, FL 33126 US			
Current Ma	ailing Address:		New Mailing	New Mailing Address:			
	EASURE DRIVE			5201 BLUE LAGOON DR			
3E NORTH BAY VILLAGE, FL 33141 US				848 MIAMI, FL 33126 US			
FEI Number:	02-0783306 FE	El Number Applied For()	FEI Number Not Applicab	le ( ) Certifi	icate of Status Desired (	(X)	
Name and	Address of Curre	ent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:			
AGUILAR, 5531 NW 1 102 MIAMI, FL	12TH AVE		16546 NE 26T 2I	SERRALTA, CYNTHIA 16546 NE 26TH AVE 2I MIAMI, FL 33160 US			
The above in the State	named entity subn of Florida.	mits this statement for the	e purpose of changing its re	egistered office or	r registered agent, or	both,	
SIGNATUR	RE: CYNTHIA SEI	RRALTA		05/03/2008			
	Electronic S	ignature of Registered A	gent		Date		
		b), F.S., the corporation did st Fund Contribution ( ).	not receive the prior notice.				
OFFICERS	AND DIRECTOR	RS:	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Dele SERRALTA, CYNTHI 16546 N.E. 26TH AV NORTH MIAMI BEAC	IA /E # 2 I	Title: Name: Address: City-St-Zip:	()Change	e ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () Dele AGUILAR, MARIANA 5531 NW 112TH AVI MIAMI, FL 33178 US	E #102	Title: Name: Address: City-St-Zip:	( ) Change	e ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA SERRALTA PRES 05/03/2008