


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000057701**  
 1. Entity Name  
**ELIO'S TOUR & TRAVEL, INC.**



Principal Place of Business  
**4732 W FLAGLER ST**  
**MIAMI, FL 33144**

Mailing Address  
**4732 W FLAGLER ST**  
**MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0585246</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORNARIS, MANUEL J**  
**2650 SW 104TH CT**  
**MIAMI, FL 33165**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORNARIS, VIRGINA 2650 SW 104 TH CT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORNARIS, MANUEL J 2650 SW 104TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, DULCE 1001 SW 9 AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORNARIS, MANUEL A 2650 SW 104TH CT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_ Date 04/16/05 Day/Time Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR