


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

01-18-2008 90007 048 ***150.00

DOCUMENT # P95000010164

1. Entity Name
 KHARINA'S TOURS, INC.



Principal Place of Business 1911 MORNING DRIVE ORLANDO, FL 32809	Mailing Address 1911 MORNING DRIVE ORLANDO, FL 32809
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66015173



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

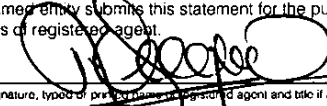
4. FEI Number 59-3291327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPANA, ALEJANDRO
 1911 MORNING DRIVE
 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

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: 7/3/08

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

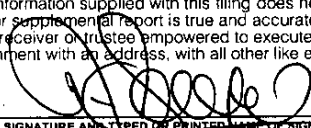
FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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	PSD CAMPANA, ALEJANDRO 1911 MORNING DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CAMPANA, SERGIO 1911 MORNING DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  DATE: 7/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #