


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91018 031 \*\*\*150.00

**DOCUMENT # P98000025304**

1. Entity Name  
 LICCIA TOURS, INC.



Principal Place of Business 4650 NW 6 STREET # 201 MIAMI, FL 33126	Mailing Address 4315 NW 7TH ST #51 MIAMI, FL 33126
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34081070



03132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0811934	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

~~LOPEZ, CARMEN A~~  
~~4650 NW 6 STREET~~  
~~# 201~~  
~~MIAMI, FL 33126~~

4275 NW 18 ST. # 109  
 Miami - FL 33126

**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 \_\_\_\_\_  
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, 2004 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	PD LOPEZ, CARMEN A <del>46190 NW 14TH ST</del> <del>PEMBROKE PINES, FL 33190</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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]* CARMEN A. LOPEZ  
 PRESIDENT 04/01/04 (305) 461-1244

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