


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

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 |
|-----------------------------------------------------------------------------|-------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LOPEZ, CARMEN A 4275 NW 18 ST #109 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

000000563126
 05/19/06-80089-013 150.00

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:  **CARMEN A. LOPEZ**
 PRESIDENT 04/17/06 (305) 496-0824

Signature and typed or printed name of signing officer or director Date Daytime Phone #