

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076912

FILED
Apr 30, 2004
Secretary of State

Entity Name: ALVATOUR TRAVEL & SERVICES, CORP.

Current Principal Place of Business:

4624 N. FEDERAL HWY
MAIN STREET PLAZA
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

4624 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address:

4624 N. FEDERAL HWY
MAIN STREET PLAZA
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

4624 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0775605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIDE, ALVANIA V
4624 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAIDE, ALVANIA V
Address: 3713 WOODFIELD DR.
City-St-Zip: COCONUT CREEK, FL 33064

Title: M () Delete
Name: FIALHO, CARLA V
Address: 737 SE 1ST WAY #210
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAIDE, ALVANIA V
Address: 3713 WOODFIELD DR.
City-St-Zip: COCONUT CREEK, FL 33064 US

Title: M (X) Change () Addition
Name: FIALHO, CARLA V
Address: 1040 SE 4TH AVE #128
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVANIA VIVIANE SAIDE

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date