

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90027 030 ***150.00

DOCUMENT # P96000083798

1. Entity Name
VACATION TOURS, INC.



Principal Place of Business
1427 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Mailing Address
1427 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

600001140

2. Principal Place of Business - No P.O. Box #
4201 SW 11 ST

3. Mailing Address
4201 SW 11 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007

Chg-P

CR2E034 (12/06)

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number
65-0704422

Applied For
Not Applicable

Zip
33134

Country

Zip
33134

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, ROSANNA M
1427 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4201 SW 11 ST

City CORAL GABLES FL Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MENDEZ, ROSANNA M
STREET ADDRESS 3228 SW 62 CT
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE D
NAME ALVAREZ, ALEXANDRA
STREET ADDRESS 1429 PONCE DE LEON
CITY-ST-ZIP MIAMI, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4201 SW 11 ST
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4201 SW 11 ST
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 registered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 26 2007 305-774-0040