

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 488619

1. Entity Name
TICKETS, TOURS AND CRUISES, INC.



Principal Place of Business
941 N.VENETIAN DR.
MIAMI, FL 33139

Mailing Address
941 N.VENETIAN DR..
MIAMI, FL 33139



01182007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1629599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEATON, LISELOTTE
941 N VENETIAN DRIVE
MIAMI, FL 33139

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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

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

(NOTE: Registered Agent signature required when reinstating)

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

U000000602359
01/26/07-80086-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEATON, LISELOTTE
941 N VENETIAN DR
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *X Liseotte Leaton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/23/07
Date

Daytime Phone #