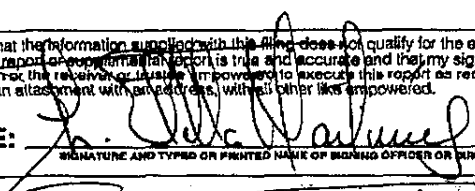


FILED p. 1
Apr 29, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 663311 1. Entity Name POLVANI TOURS, INC.			
Principal Place of Business 2150 CORAL WAY 7A MIAMI, FL 33145		Mailing Address 2150 CORAL WAY 7A MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2207637	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, L STELLA 1823 SW 18TH AVE MIAMI, FL 33145		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 _____ 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLVANI, ANNUNZIATA VIA LUDOVIS, 16 ROME, ITALY,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, LUZ S 1823 SW 18TH AVE MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARDINI, FRANCESCO VIA LUDOVIS, 16 ROME, ITALY,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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 807, 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: 		4/27/04 305-285-6789 Date Daytime Phone	