

A04000000876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

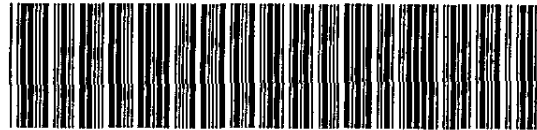
(Document Number)

Certified Copies _____ Certificates of Status _____

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MJH

05/24/04--01069--014 **87.50

5/24/04 10:00:00 AM

Shomar Accounting, P.A.

Certified Public Accountant

7777 N.W. 146 STREET

MIAMI LAKES, FLORIDA 33016

TEL: (305) 825-1123

FAX: (305) 513-5905

EMAIL: Shomar@shomaraccounting.com

SHADI J. SHOMAR, C.P.A., MST
JOSEPH SHOMAR

MEMBER:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

May 19, 2004

To: Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee Fl, 32314

Sir/Madam:

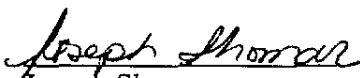
Enclosed you will find the Application for Affidavit of Capital Contributions for Florida Limited Partnership and a Certificate for Limited Partnership for **MADURO TRAVEL** Limited Partnership along with a check for the amount of \$87.50 with the respective fees as follows:

\$52.50 for Partnership Filing Fee

\$35.00 for Registered Agent Designation

Please mail these documents to the address above.

Respectfully,


Joseph Shomar

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of MADURO TRAVEL, LTD.
a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100.00.

Signed this 18TH day of May, 2004.

FURTHER AFFIDAVIT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Richard Milsoda
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner