2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006864

1. Entity Name
AGENCIA DE VIAGENS CHANTECLAIR, INC.

FILED
08 JUL 24 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1359 BROADWAY SUITE 1004 NEW YORK, NY 10018	1359 BROADWAY SUITE 1004 NEW YORK, NY 10018

07032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
152 WEST 36TH ST	152 WEST 36TH ST
Suite, Apt. #, etc. SUITE 805	Suite, Apt. #, etc. SUITE 805
City & State NEW YORK NY	City & State NEW YORK NY
Zip 10018 Country USA	Zip 10018 Country USA

4. FEI Number
13-3856599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLGUERAL, ANTONIO 5201 BLUE LAGOON DRIVE SUITE 720 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 07/09/08 90043 001
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVES, RUI S RUA REALENGO, 133 #151 SAO PAULO, SP - BRAZIL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DELGADO, MARCELO 5201 BLUE LAGOON DR SUITE 720 MIAMI FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LINS, IVO B RUA WALDOMIRO GUILHERME CAMPOS 110 SAO PAULO, PS - BRAZIL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRASSETO MOREIRA, REGINA 3177 44TH ST #1L ASTORIA, NY 11103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST AMADO, MIRIAM 6501 DOUGLASTON PKWY DOUGLASTON, NY 11362	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Regina Frasseto REGINA M FRASSETO MOREIRA 07/07/2008 212 695 35 14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS