

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # F46524

1. Entity Name
ALL TOUR TRAVEL AGENCY, INC.



Principal Place of Business

25 S.E. 2ND AVENUE
STE. 450
MIAMI, FL 33131

Mailing Address

25 S.E. 2ND AVENUE
STE. 450
MIAMI, FL 33131



03202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2144489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELENDEZ, JOSE LUIS
25 S.E. 2ND AVENUE
#450
MIAMI FL, FL 33131

**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

JOSE LUIS MELENDEZ PD

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

(NOTE: Registered Agent signature required when reinstating)

MAR 19/04

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

TITLE PD
NAME MELENDEZ, JOSE LUIS
STREET ADDRESS 25 SE 2ND AVE #450
CITY-ST-ZIP MIAMI FL,

TITLE VD
NAME MANTILLA, MELIDA
STREET ADDRESS 3640 SW 18TH TERRACE
CITY-ST-ZIP MIAMI FL,

TITLE ST
NAME MELENDEZ, JOSE LUIS
STREET ADDRESS 25 SE 2ND AVE #450
CITY-ST-ZIP MIAMI FL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000093422
03/22/04-80016-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

JOSE LUIS MELENDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 19/04

DATE

305-358-6069

Daytime Phone #