2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003764

Entity Name: H.I.S. INTERNATIONAL TOURS (NY) INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
489 FIFTH 20TH FLOON NEW YOR		US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
489 FIFTH 20TH FLOON NEW YOR		US			
FEI Number:	13-3452641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ORLANDO	(VIEW LAKE D), FL 32821 named entity so	US	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF		c Signature of Registered Age	nt	 Date	
Election Can		Trust Fund Contribution ().		Jaco	
	S AND DIRECT	`,	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SUZUKI, YOSHK	IUE, 20TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAMEKATA, KAZ	IUE, 20TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAWADA, HIDE	IUE, 20TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () I HINE, KATSUMI 489 FIFTH AVE 2 NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATSUMI HINE TREA 01/07/2008