

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90010 050 \*\*\*150.00

<b>DOCUMENT # F97000004710</b> 1. Entity Name <b>VIAJES EL CORTE INGLES, INC.</b>					
Principal Place of Business <b>2601 S. BAYSHORE DRIVE, STE. 100 COCONUT GROVE, FL 33133</b>			Mailing Address <b>500 FIFTH AVE. STE. 1730 NEW YORK, NY 10010</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>13-3416033</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENSADON, DEBORAH 21150 POINT PLACE, APT. 705 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>BENSADON, DEBORAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>20041 NE 37th COURT</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</b>	
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: <u><i>[Signature]</i></u> (AP) DATE: <u>08.19.05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. 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	AP BENSADON, DEBORAH 21150 POINT PLACE, APT. 705 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP BENSADON, DEBORAH 20041 NE 37th COURT AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ALVAREZ, ISIDORO DR ZAMENHOFF NO 22 MADRID SPAIN 28027,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ALVAREZ, ISIDORO HERMOSILLA, 112 28009 MADRID, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE MINGO CONTRERAS, JUAN DR ZAMENHOFF NO 22 MADRID SPAIN 28027,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE MINGO CONTRERAS, JUAN HERMOSILLA, 112 28009 MADRID, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, CARLOS DR ZAMENHOFF NO 22 MADRID SPAIN 28027,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, CARLOS HERMOSILLA, 112 28009 MADRID, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNARRIZ, FLORENCIO DR ZAMENHOFF NO 22 MADRID SPAIN 28027,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNARRIZ, FLORENCIO HERMOSILLA, 112 28009, MADRID, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAP NUÑO DE LA ROSA, JESUS ANCA. CANTABRIA, 51 28042 MADRID, SPAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>08.19.05</u> Daytime Phone #: <u>305.8580801</u>		

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ADDRESS CHANGE  
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