2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 08:00 AN Secretary of State

DOCUMENT # H76436 1. Entity Name I.G. TOURS, INC.			Secretary of S
6345 COLLINS AVENUE	Aailing Address 6345 COLLINS AVENUE MIAMI BEACH, FL 33141		
DO NOT WRITE I	N THIS SPA	CE	02072008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2589409 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Regi	stered Agent		5. Certificate of Status Desired Fee Required
GOLDSCHMIDT, YAELLE 6345 COLLINS AVENUE MIAMI BEACH, FL 33141 8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registe	red affice or register	DO NOT WRITE IN THIS SPACE ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, hyperd or printed name of registered agent and bits	e il applicable. (NOTE: Register	ed Agent signature required	when remetating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10. OFFICERS AND DIRE	CTORS		02/19/08-80060-003 150.00
TITLE P NAME GOLDSCHMIDT, YAELLE STREET ADDRESS 6345 COLLINS AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33141			02/15/06-60000 600 100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
111LE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turiher 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 eppowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TO MULLI GOLDON STRUCTURED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

305-868-3600