


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K46305 1. Entity Name G.R. TOURS, INC.	
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Principal Place of Business 18555 COLLINS AVE. MIAMI BEACH, FL 33160 US	Mailing Address 18555 COLLINS AVE. MIAMI BEACH, FL 33160 US
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0081519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOLFF, LAURENCE C. 2301 S. OCEAN DR APT 2601 HOLLYWOOD, FL 33019

**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

L.C. Wolff

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

(NOTE: Registered Agent signature required when reinstating)

JAN 9 2004

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 NAME STREET ADDRESS CITY - ST - ZIP	P WOLFF, LAURENCE C. 100 KINGS POINT DR., #1003 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEMMING, IRMGARD A. 100 KINGS POINT DR., #1003 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/13/04-80004-017 150.00

**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:

L.C. Wolff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9 2004 305-7761747

Date

Daytime Phone #