

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49119

Entity Name: AMERIFUN TOURS, INC.

FILED  
Mar 20, 2012  
Secretary of State

**Current Principal Place of Business:**

6835 SW 94TH COURT  
MIAMI, FL 331732234 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 830485  
MIAMI, FL 33283 US

**New Mailing Address:**

FEI Number: 65-0169115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOSA, RAFAEL A.  
6835 SW 94TH COURT  
MIAMI, FL 331732234 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SOSA, RAFAEL A  
Address: 6835 SW 94TH COURT  
City-St-Zip: MIAMI, FL 331732234

Title: DV  
Name: SOSA, RAFAEL A  
Address: 6835 SW 94TH COURT  
City-St-Zip: MIAMI, FL 331732234

Title: D  
Name: SOSA, RAFAEL E  
Address: 6920 ALTAMIRA STREET  
City-St-Zip: CORAL GABLES, FL 331463814

Title: D  
Name: SOSA, PURA O  
Address: 6835 SW 94TH COURT  
City-St-Zip: MIAMI, FL 331732234

Title: D  
Name: SOSA, EDUARDO C  
Address: 6835 SW 94TH COURT  
City-St-Zip: MIAMI, FL 331732234

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL A SOSA

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date