

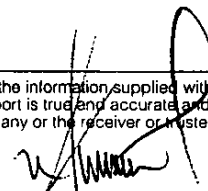


FILED
Apr 28, 2005 8:00 am
Secretary of State

14005360

DOCUMENT # L03000010914 1. Entity Name TRAVEL WHOLESALER OF TOURISM, LLC				04-28-2005 90027 039 ****50.00	
Principal Place of Business 275 COMMERCIAL BOULEVARD, SUITE 204 LAUDERDALE BY THE SEA, FL 33308		Mailing Address 275 COMMERCIAL BOULEVARD, SUITE 204 LAUDERDALE BY THE SEA, FL 33308		14 005360	
2. Principal Place of Business 9130 S. Dadeland Blvd. Suite, Apt. #, etc. 1607 City & State Miami, FL Zip 33156 Country US		3. Mailing Address 9130 S. Dadeland Blvd. Suite, Apt. #, etc. 1607 City & State Miami, FL Zip 33156 Country US		03022005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 35-2201116		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, SETH Z C/O KURZBAN, KURZBAN, WEINGER & TETZELI, P 2650 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Alberto Amoros Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd., Suite 1607 City Miami FL Zip Code 33156			
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  DATE April 26, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR FERMINI, NESTOR F 3051 NE 48TH STREET, APT#708 LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Fermini, Nestor F. General Iglesias 155 Lima 18, Peru <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Forsyth Rebagliati, Elizabeth Lucila General Iglesias 155 Lima 18, Peru <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Ikeda Arismendi, Rosario Angelica General Iglesias 155 Lima 18, Peru <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  Nestor F. Fermini, Manager, (305) 670-7858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					