

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90084 002 \*\*\*\*50.00

DOCUMENT # L03000010914



1. Entity Name  
TRAVEL WHOLESALER OF TOURISM, LLC

Principal Place of Business  
9130 S DADELAND BLVD  
1607  
MIAMI, FL 33156

Mailing Address  
9130 S DADELAND BLVD  
1607  
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

35-2201116

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOROS, ALBERTO  
9130 S DADELAND BLVD  
SUITE 1607  
MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FERMINI, NESTOR F	
STREET ADDRESS	GENERAL IGLESIAS 155	
CITY - ST - ZIP	LIMA 18, PERU,	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	REBAGLIATI, FORSYTH	
STREET ADDRESS	GENERAL IGLESIAS 155	
CITY - ST - ZIP	LIMA 18, PERU,	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ARISMENDI, IKEDA	
STREET ADDRESS	GENERAL IGLESIAS 15	
CITY - ST - ZIP	LIMA 18, PERU,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebagliati Forsyth, Elizabeth	
STREET ADDRESS	General Iglesias 155	
CITY - ST - ZIP	Lima 18, Peru	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLENA CHAVEZ, Luz Eliana	
STREET ADDRESS	General Iglesias 155	
CITY - ST - ZIP	Lima 18, Peru	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

Elizabeth Rebagliati F., Manager 04.28.06 (511) 610 4194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #