

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021186

Entity Name: ETB TOURS, LLC.

FILED  
Mar 04, 2010  
Secretary of State

**Current Principal Place of Business:**

8332 NW 56TH STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8332 NW 56TH STREET  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 26-4375755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O&P TAX-ACCOUNTING CORP.  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

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

O&P TAX-ACCOUNTING CORP.  
11890 SW 8TH STREET  
PENTHOUSE # 5  
MIAMI, FL 33184 US

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: O&P TAX ACCOUNTING CORP.

03/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROJAS ELMUDES, WARDE MICHELLE (40%)  
Address: C/A, EDIF. 6, MANZ IV, APT. 201, RES J CONT  
City-St-Zip: SANTO DOMINGO, DN 00000 DR

Title: MGRM  
Name: ROJAS ELMUDES, ALEXANDER A. (20%)  
Address: C/RAFAEL A. SANCHEZ #26, R. INDIGO III #401N  
City-St-Zip: SANTO DOMINGO, DN 00000 DR

Title: MGRM  
Name: SCHWARZBARTL JAQUEZ, CAROL GISELLE  
Address: C/RAMON E JIMENEZ, ESQ C/2 LA ESMERALDA  
City-St-Zip: SANTIAGO, DR 00000 DR

Title: MGRM  
Name: DE LA OSA CASTRO, ALEJANDRO  
Address: C/VIRGEN DE NURIA #5 PISO 1ERO 4  
City-St-Zip: MADRID, ESPANA, SP 28027

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WARDE MICHELLE ROJAS ELMUDES

MGR

03/04/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date