## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # L33383**

1. Entity Name

GLOBAL TRAVEL & TOURS, INC.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2501 NE 49TH ST Suite 4 2501 NE 49TH ST

SUITE 4

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33308 US

FORT LAUDERDALE, FL 33308 U



04282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0684638

Applied For Not Applicable

5. Certificate of Status Desired

X.

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERISWEDE CORP. 3935 NW 38TH TERRACE FT. LAUDERDALE, FL 33309

## 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ages				Agent signature required when reinstating) DATE	
FiLE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000938409 05/27/08-80089-010 158.75
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TENNE, ULF G. 2501 N E 49TH ST #4 FT LAUDERDALE, FL 33308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					;
12. 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					

12. 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 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT OF REGISTERED AGENT

4-28-08

954-731-4831

Daytime Phone #