

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90033 010 ***150.00

DOCUMENT # L65873

1. Entity Name

TOUREND HOLIDAYS, INC.



Principal Place of Business

9301 NE 6TH AVE
SUITE C-305
MIAMI FL 33138

Mailing Address

9301 NE 6TH AVE
SUITE C-305
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0183058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENDINE, FRANK
9301 NE 6TH AVE
SUITE C-305
MIAMI FL 33138

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RENDINE, FRANK
STREET ADDRESS 9301 NE 6TH AVE, #C-305
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME FRANK RENDINE
STREET ADDRESS 3350 NE 192ND STREET - B2P
CITY-ST-ZIP AVENTURA, FL 33180-2420

TITLE VP ☐ Delete
NAME BOLL, ERIKA
STREET ADDRESS 9301 NE 6TH AVE HC-305
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME ERIKA BOLL
STREET ADDRESS 3350 NE 192ND STREET - B2P
CITY-ST-ZIP AVENTURA, FL 33180-2420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Frank Rendine* FRANK RENDINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/04

Date

(305) 935-9979

Daytime Phone #