


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90066 024 \*\*\*150.00

**DOCUMENT # L65873**

1. Entity Name  
 TOUREND HOLIDAYS, INC.



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

3350 NE 192<sup>ND</sup> STREET      SAME  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 B2P      SAME  
 City & State      City & State  
 Aventura, FL      SAME

Zip      Country      Zip      Country

33150      Dade      SAME      FL



02282005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

65-0183058      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: SAME  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	D RENDRINE, FRANK 3350 NE 192ND ST. B2P MIAMI, FL 331802420 <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	VP BOLL, ERIKA 3350 NE 192ND ST. B2P MIAMI, FL 331802420 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Rendrine, FRANK RENDRINE (D)      04/01/2005      305 319-0108  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #