

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24924

FILED
Jul 06, 2005
Secretary of State

Entity Name: TOUR OPERATORS PROFESSIONAL SOCIETY, INC.

Current Principal Place of Business:

12460 SW 8TH ST.
STE 102
MIAMI, FL 331841437

New Principal Place of Business:

Current Mailing Address:

12460 SW 8TH ST.
STE 102
MIAMI, FL 331841437

New Mailing Address:

FEI Number: 65-0050310 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TEJADA, LEO G.
12460 SW 8TH ST SUITE 102
MIAMI, FL 331841432 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: TAJADA, LEO G
Address: 12460 S.W. 8TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 331841437

Title: VD () Delete
Name: MURPHY, JOAN
Address: 12474 SW 8TH STREET
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: ACOSTA, JESSICA
Address: 12460 SW 8TH ST STE. 102
City-St-Zip: MIAMI, FL 331841437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: TEJADA, LEO G
Address: 12460 S.W. 8TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 331841437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO G TEJADA

PRES

07/06/2005

Electronic Signature of Signing Officer or Director

Date