

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023052

FILED
Apr 04, 2006
Secretary of State

Entity Name: TRAVELONE SERVICES & TOURS, INC.

Current Principal Place of Business:

7950 NW 53 ST
SUITE 101-105
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7950 NW 53 ST
SUITE 101-105
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-3648333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, HECTOR
5001 COLLINS AVE APT 16 E
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

VALDES, HECTOR
11251 NW 48 TERR
DORAL, FL 33178 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: _____

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DEL RIO, WALTER
Address: CALLE 113 BU-6
City-St-Zip: CAROLINA, PR 00983

Title: TD () Delete
Name: VALDES, HECTOR
Address: 5001 COLLINS AVENUE APT 16E
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: GONZALEZ, ABIEZER
Address: PO BOX 1290
City-St-Zip: MOCA, PR 00676

Title: D (X) Delete
Name: GARCIA NAPOLES, FRANCISCO
Address: PO BOX 848
City-St-Zip: QUEBRADILLAS, PR 00678

Title: D (X) Delete
Name: RIVERA, ALBERTO
Address: PO BOX 431
City-St-Zip: QUEBRADILLAS, PR 00678

Title: SD (X) Delete
Name: SANTIAGO, LIZZIE
Address: CALLE DF-23 TORREMOLINOS
City-St-Zip: GUAYNABO, PR 00969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: VALDES, HECTOR
Address: 11251 NW 48 TERR
City-St-Zip: DORAL, FL 33178

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

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

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR VALDES

TD

04/04/2006

Electronic Signature of Signing Officer or Director

Date