

FILED
Jul 14, 2004 8:00 am
Secretary of State

05-05-2004 90227 036 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000014696

1. Entity Name
TOPOLINO TOURS, INC.



Principal Place of Business
**4516 BAR HARBOR DRIVE
ORLANDO, FL 32821**

Mailing Address
**4516 BAR HARBOR DRIVE
ORLANDO, FL 32821**

66429934



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3700742

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**D'ALESSANDRO, INES
4516 BAR HARBOR DRIVE
ORLANDO, FL 32821**

**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

Jules D'Alessandro

(NOTE: Registered Agent signature required when reappointing)

04-28-04

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'ALESSANDRO, INES
STREET ADDRESS	4516 BAR HARBOR DRIVE
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	D
NAME	MSADEK, MALEK M
STREET ADDRESS	6005 WESTGATE DRIVE APT 2222
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jules D'Alessandro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 851 3312

Date

Daytime Phone #