

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 26, 2004 8:00 am
Secretary of State**

03-26-2004 90010 035 ***150.00

DOCUMENT # P01000033190 1. Entity Name Excursions By Lane Venture, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1855 Griffin Rd. Suite, Apt. #, etc. Suite A-318 City & State Dania, FL Zip 33004-2240			3. Mailing Address 2419 Le Jeune Rd. Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33134-5804		
Country USA			Country USA		
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1092481		
Applied For <input type="checkbox"/> Not Applicable			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent Name Santamarina, Raul Street Address (P.O. Box Number is Not Acceptable) 9411 S.W. 55th St. City Miami					
FL Zip Code 33165					
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D/P	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Santamarina, Raul	NAME			
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS			
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP			
TITLE	D/VP	TITLE			
NAME	Santamarina, Maria	NAME			
STREET ADDRESS	9411 S.W. 55th St.	STREET ADDRESS			
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP			
TITLE	D/S/T	TITLE			
NAME	Garcia, Celia	NAME			
STREET ADDRESS	9340 S.W. 54th St.	STREET ADDRESS			
CITY - ST - ZIP	Miami, FL 33165	CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Maria Santamarina</u> <u>3/23/04</u> <u>305-446-6163</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)