
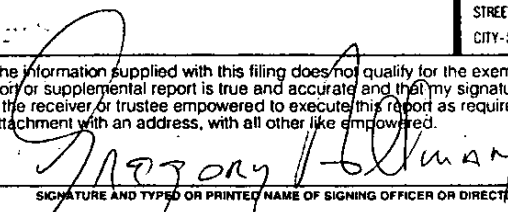


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90107 008 ***150.00

DOCUMENT # P01000036825 1. Entity Name ALLBROS TOURING INC.			
Principal Place of Business C/O CITRIN COOPERMAN & CO LLP 529 FIFTH AVENUE 10TH FLOOR NEW YORK, NY 10017 US		Mailing Address C/O CITRIN COOPERMAN & CO LLP 529 FIFTH AVENUE 10TH FLOOR NEW YORK, NY 10017 US	
2. Principal Place of Business C/O CITRIN COOPERMAN & CO LLP, Suite, Apt. #, etc. 529 FIFTH AVENUE, 2ND FLOOR City & State NEW YORK, NY Zip 10017 Country US		3. Mailing Address C/O CITRIN COOPERMAN & CO LLP, Suite, Apt. #, etc. 529 FIFTH AVENUE, 2ND FLOOR City & State NEW YORK, NY Zip 10017 Country US	
4. FEI Number 65-1094484		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ALLMAN, GREGORY L <input type="checkbox"/> Delete C/O JAY ROSENTHAL, 418 FOSS STREET HEALDSBURG, CA 95448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLMAN, GREGORY L C/O LEHMAN & LEHMAN, 343 MILLBURN AVE, STE 200 MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete JAIMOE C/O COURTNEY, FINK & FORBES 533 COTTAGE GROVE RD BLOOMFIELD, CT 06002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete TRUCKS, CLAUDE H JR C/O KEN GORDON, 525 NORTHLAKE BLVD, SUITE 3 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 3/20/05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			