


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040177
 1. Entity Name
ALL TRAVEL SERVICES, CRUISES AND TOURS, INC.



Principal Place of Business Mailing Address
 3434 W. COLUMBUS DRIVE, SUITE 202 3434 W. COLUMBUS DRIVE, SUITE 202
 TAMPA, FL 33607 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3711464 Not Applicable

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

6. Name and Address of Current Registered Agent
 ZABALA, YOLOXOCHITL
 3434 W. COLUMBUS DRIVE, SUITE 202
 TAMPA, FL 33607

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000120424
 04/19/04 08131 015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZABALA, YOLOXOCHITL 3434 W. COLUMBUS DR., STE 202 TAMPA, FL 33607
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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: *Yoloxochitl Zabala* 04-16-04 (813)8732323.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #