


**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90186 039 \*\*\*\*50.00  
 06-21-2004 90005 041 \*\*\*\*100.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

54058260

**DOCUMENT # P01000042787**  
 1. Entity Name  
**DWR TOURING INC.**



Principal Place of Business 100 BRICKELL AVE. 900 MIAMI, FL 33131	Mailing Address 100 BRICKELL AVE. 900 MIAMI, FL 33131
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04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4170573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SUAREZ, ANGELA**  
 1000 BRICKELL AVE. SUITE 900  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)


**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 NAME STREET ADDRESS CITY-ST-ZIP	D BLOT, JEAN B 7424 LOS PINOS BLVD. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDO, ALEXANDER 7880 MANOR FOREST LANE BOYNTON BEACH, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE, JOSEPH 5901 SO. WEST 82ND ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, MICHAEL 7880 MANOR FOREST LANR BOYNTON BEACH, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDINI, EDWARD 14711 SW 112 TERRACE MIAMI, FL 33196
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)(1), 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:  **4-1-04** **305-662-6307**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #