


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P01000076414 1. Entity Name A1 ALLINCLUSIVE TRAVEL INC.	
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Principal Place of Business 8281 SW 183 ST MIAMI, FL 33157	Mailing Address 8281 SW 183 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1123416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIVBARAN, YOMATTI 8281 SW 183 ST MIAMI, FL 33157
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SHIVBARAN, YOMATTI R 8281 SW 183RD STREET MIAMI, FL 33157
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04/02/08-80046-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Yomatti Shiv* **3/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #