2003 FOR PROFIT CORPORATION

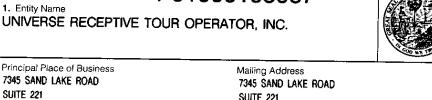
ORLANDO FL 32819



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90165 011 ***150.00

JOCUMEN # . Entity Name	P01000105067	
	E TOUR OPERATOR, INC.	



ORLANDO FL 32819	ORLANDO FL 32819
2. Principal Place of Business 7345 SAND LAKE RP.	3. Mailing Address 73 FS SAND LAKE RD.
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State	City & State



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 52-2359256 <u>UKLHNDO</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACHADO, JORGE O Street Address (P.O. Box Number is Not Acceptable) 7245 SAND LAKE RD, SUITE 221 ORLANDO FL 32819 City Zip Code 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) FILE NOW!!L_FEE_IS_\$150.00 After May 1, 2003 Fee will be \$550.00 9.-Election Campaign Financing \$5:00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE X Change Addition TORGE O. MACHADO, JORGE O NAME MACHH DO STREET ADDRESS 3351 GREENWICH VILLAGE BLVD #204 STREET ADDRESS 917 LASCALA DR. CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP 34786 WINDERMERE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not coaling 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 chapter 607, Florida Statutes.

SIGNATURE:

SIGNATUR

03/18/03

402.3704994