

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90019 046 \*\*\*150.00

**DOCUMENT # P01000119746**  
 1. Entity Name  
 OPTION ONE TOURS AND CRUISES, INC.



Principal Place of Business: 3361 SOUTH KIRKMAN RD., APT. 818, ORLANDO, FL 32811  
 Mailing Address: 3361 SOUTH KIRKMAN RD., APT. 818, ORLANDO, FL 32811

54061304



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 80-0033610 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODRIGUEZ, PABLO  
 310 S. BUMBY  
 ORLANDO, FL 32803

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

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing - Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAZZO, VIOLETA M
STREET ADDRESS	3361 SOUTH KIRKMAN RD., APT. 818
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	D
NAME	GIROLA, CARLOS M
STREET ADDRESS	3361 S KIRKMAN RD APT #818
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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: X Violeta Maria Lazzo Date: JUL-06-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54061304  
~~#P0100119746~~

OPTION ONE TOURS AND CRUISES, INC  
3361 SOUTH KIRKMAN RD. APT. 818  
ORLANDO, FL 32811

July 06, 2004

Department of State  
Division of Corporations

To Whom it may concern:

Please waive the penalty and reinstatement my corporation. I never received the Department State forms in 2004, I enclosing a check for 150.00 dollars.

Thanks you for your attention,

Violeta Maria Lazzo  
VIOLETA LAZZO, PRESIDENT

248

JUL 10 2004