


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 036 ***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

2. Principal Place of Business
 3319 S KIRKMAN RD.
 Suite, Apt. #, etc.
 SUITE # 311

3. Mailing Address
 3319 S KIRKMAN RD.
 Suite, Apt. #, etc.
 SUITE # 311

City & State
 ORLANDO, FLORIDA

City & State
 ORLANDO, FLORIDA

Zip
 32811

Country

Zip
 32811

Country



05232005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

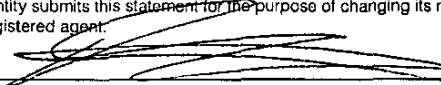
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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  DATE 7/23/05

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LAZZO, VIOLETA M	3361 SOUTH KIRKMAN RD., APT. 818	ORLANDO, FL 32811	<input type="checkbox"/>
D	GIROLA, CARLOS M	3361 S KIRKMAN RD APT #818	ORLANDO, FL 32811	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	LAZZO, VIOLETA M	3319 S KIRKMAN RD SUITE # 311	ORLANDO, FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GIROLA, CARLOS M	3319 S KIRKMAN RD SUITE # 311	ORLANDO, FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE 05/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #