1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

05 JUN -3 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT DEPARTMENT 03-05

DOCUMENT # P02000008780

1. Entity Name
Ocean Drive Travel and Tours, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7710 Collins Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State
Zip: 33141 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 90-0005214 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frank Cornelisse

Street Address (P.O. Box Number is Not Acceptable): 7710 Collins Ave

City: Miami Beach FL Zip Code: 33141

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.

000055970830
06/09/05--01035--005 **458.75

SIGNATURE: _____ DATE

(Signature, if applicable, of the president of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Frank Cornelisse
STREET ADDRESS	7710 Collins Ave
CITY-ST-ZIP	Miami Beach FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E0346 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 06/02/05

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003-2005 or any other notice from the Division of Corporations in respect with the Corporation, **OCEAN DRIVE TRAVEL AND TOURS, INC.**

Thank you for your courtesy in this matter.

FRANK CORNELISSE
PRESIDENT