2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000011279

1. Entity Name
MARSAN MIAMI TOURS & TRANSPORTATION, INC.

60027195

Principal Place of Business	Mailing Address	2150 PARK AVENUE
~~5600 SW 7 STREET~~ 2150 PARK AVE ~~MIAMI, FL 33134~~ STE 7 MIAMI BEACH - FLA 33139	~~5600 SW 7 STREET~~ ~~MIAMI, FL 33134~~	STE 7 MIAMI BEACH - FLA 33139

03092007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State

4. FEI Number
05-0399508

Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, SANTIAGO
~~5600 SW 7 STREET~~ 2150 PARK AVENUE
~~MIAMI, FL 33134~~ STE 7 MIAMI - FLA 33139 BEACH

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

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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GOMEZ, SANTIAGO		NAME			
STREET ADDRESS	5600 SW 7 STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ 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-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: X

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

03/16/2007