2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State
03-12-2004 90018 043 ***150.00

DOCUMENT # P02000019429

1. Entity Name

ALL WAYS TRAVEL, INC.

66409928

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626	1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERE, LESLIE ALAN ESQ 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626	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
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
After May 1, 2004 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE PIANO, MARIA LAURA 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHERCOLES, FERNANDO P 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHERCOLES, MARIA 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI FL 33129-1626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ PRESIDENT 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

660409928

P02000019439

Form **SS-4** (Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
MARIA LAURA DE PIANO

2 Trade name of business (if different from name on line 1)
ALL WAYS TRAVEL INC

3 Executor, trustee, "care of" name
C/O LESLIE ALAN SCHEER PA

4a Mailing address (street address) (room, apt., or suite no.)
1845 BRICKELL AVE # A 201

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
MIAMI FLORIDA 33129-1126

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MIAMI DADE COUNTY

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ N/A
MARIA LAURA DE PIANO

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶
- ☐ Personal service corp
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☑ Other corporation (specify) ▶ FOR PROFIT
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☑ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
02/20/2002

11 Closing month of accounting year (see instructions)
YEAR END

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ TRAVEL AGENT

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
- ☑ Public (retail)
- ☐ Other (specify) ▶
- ☐ Business (wholesale)
- ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ N/A Trade name ▶ N/A

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) N/A | City and state where filed N/A | Previous EIN N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 305 859-9770
Fax telephone number (include area code) 305 859-9772 -FAX

Name and title (Please type or print clearly.) ▶ MARIA LAURA DE PIANO, PRESIDENT

Signature ▶ [signature] Date ▶ 3/24/04

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form **SS-4** (Rev. 2-98)