

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90186 003 ***150.00

DOCUMENT # P02000019439

1. Entity Name
ALL WAYS TRAVEL, INC.



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

Mailing Address
**1865 BRICKELL AVENUE, SUITE #A-207
MIAMI, FL 33129-1626**

50023848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

9804 36296

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

**SCHERE, LESLIE ALAN ESQ
1865 BRICKELL AVENUE, SUITE #A-207
MIAMI, FL 33129-1626**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DE PIANO, MARIA LAURA
STREET ADDRESS 1865 BRICKELL AVENUE, SUITE #A-207
CITY-ST-ZIP MIAMI, FL 331291626

TITLE VPD ☐ Delete
NAME CHERCOLES, FERNANDO P
STREET ADDRESS 1865 BRICKELL AVENUE, SUITE #A-207
CITY-ST-ZIP MIAMI, FL 331291626

TITLE SD ☐ Delete
NAME CHERCOLES, MARIA
STREET ADDRESS 1865 BRICKELL AVENUE, SUITE #A-207
CITY-ST-ZIP MIAMI, FL 331291626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2005

Date

305-984-9968

Daytime Phone #