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

| 2005 | | CORPOR | ATIQN |
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| . • | ANNUAL | REPORT | r: |
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| 2. Principal Place of Business | 1. Entity Name | DOCUMENT # P02000019439 Entity Name ALL WAYS TRAVEL, INC. | | | | | | 03-08-2005 | 90186 00 |)3 ***15 | 0.00 |
|--|--|--|--|-------------------------------|------------------|---------------------------------|----------------------|-------------------------|---------------|-------------------------|--------------|
| Sulto, Apt. #, etc. Sulto, Apt. #, etc. O1132005 Chg.P CR2E034 (10/03) | 1865 BRICKELL AVENUE, SUITE #A-207 1865 BRICKELL AVENUE, SUITE | | | | E #A-207 | | | | | - | |
| City & State City & State City & State City & State September Septe | 2. Principal Place of Business - 3. Mailing Address - | | | | - | | | | | | |
| Scorticus Security | Suite, Apt. 4 | #, etc. | | Suite, Apt. #, etc. | | | 01132005 | Chg-P | CR2E03 | 4 (10/03) | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHERE, LESLIE ALAN ESO 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI, FL 33129-1626 City FL ZD Code 6. The above named ordity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the chigalicins of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Pure Fund Contribution. S. 5.00 May Be Added to Fees FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Pure Fund Contribution. Added to Fees FORDITION CONTRIBUTION DEPLAY DE | City & State City & State | | | City & State | | - | | | | | |
| SCHERE, LESLIE ALAN ESQ 1865 BRICKELL AVENUE, SUITE #A-207 MIAMI, FL 33129-1626 8. The above named orthy 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Enction Campaign Financing Trust Fund Contribution: P. Defense Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE. P. D. OFFICERS AND DIRECTORS UN-SIZE MAMI, FL 331291626 UN-SIZE MAMIS UN-S | Zip | | Country | Zip | Coun | itry | 5. Certificate | of Status Desired | | 8.75 Add ee Required | itional 1 |
| Street Address (P.O. Box N\(\text{Dirty}\) is Not. Accobitable) Street Address (P.O. Box N\(\text{Dirty}\) is Not. Accobitable) | | 6. Name | and Address of Current F | Registered Agent | | Name | 7. Name and | Address of New Ro | egistered A | gent | |
| 8. The above named ontity 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 | 1865 BRICKELL AVENUE, SUITE #A-207 | | | | Street Address (| P.O. Box Numbe | er is Not Acceptable |) | 1 . | | |
| The cobligations of registered agent. Comparison of the comparison of registered agent and the 4 applicable. (NOTE: the policies of April segment segment when remitted tree) DATE | | | | | | City | | | FL | Zip Code | 9 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 B. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. | | | | the purpose of changing its | register | ed office or register | red agent, or bo | th, in the State of Flo | rida. I am fa | amiliar with, | and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 1 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD DE PLANO, MARIA LAURA STREET ADDRESS CITY-51-2P NAME CHERCOLES, FERNANDO P SIRES ADDRESS CITY-51-2P NIAMI, FL 331291626 TITLE SD CHERCOLES, MARIA SIREST ADDRESS CITY-51-2P NIAMI, FL 331291626 TITLE SD CHERCOLES, MARIA SIREST ADDRESS CITY-51-2P NIAMI, FL 331291626 TITLE SD CHERCOLES, MARIA SIREST ADDRESS CITY-51-2P NIAMI, FL 331291626 TITLE SD CHERCOLES, MARIA SIREST ADDRESS CITY-51-2P TITLE SD CHANGE SIREST ADDRESS CITY-51-2P TITLE SIREST ADDRESS CITY-51-2P | | Signature, brook | i or nymted name of recistered agent a | and title if applicable (NDTI | F Geniclers | nd årvant eintrothura radu irak | d when reinstation) | | DATE | | |
| TITLE PD DE PIANO, MARIA LAURA DE PIANO, MARIA LAURA NAME SIFET ADDRESS CITY-ST-2P MIAMI, FL 331291626 CITY-ST-2P MIAMI, FL 3 | FiLi | E NOW!!! | FEE IS \$150.00 | 9. Election Campa | ign Finai | ncing \$5 | 00 May Be | : | J2 | | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 redeliver of 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: STREET ADDRESS CITY-ST-ZIP Addition | | | | ☐ Delete | | | | | | ☐ Change | Addition |
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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Clavering Proce # | SIGNAT | URE: | House | ulls | | | 2/19 | 2005 | 30 | 5-981 | 4-9968 |