


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 005 ***150.00

DOCUMENT # P02000023520
 1. Entity Name
 TULIPA TOURS USA, INC.



Principal Place of Business: 308 BECKY ST. ORLANDO, FL 32824
 Mailing Address: 308 BECKY ST. ORLANDO, FL 32824

94028046



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

01282004 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3621104 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRUMER, BARRY N ESQ.
 5728 MAJOR BLVD., SUITE 311
 ORLANDO, FL 32819

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: DO NASCIMENTO, SERGIO	
STREET ADDRESS: 7061 GRAND NATIONAL DR., SUITE 131	
CITY-ST-ZIP: ORLANDO, FL 32819	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: GOMES DO NASCIMENTO, CATARINA	
STREET ADDRESS: 7061 GRAND NATIONAL DR., SUITE 131	
CITY-ST-ZIP: ORLANDO, FL 32819	
TITLE: DST	<input type="checkbox"/> Delete
NAME: BASTOS, CARLOS A	
STREET ADDRESS: 9133 WICKHAM WAY	
CITY-ST-ZIP: ORLANDO, FL 32836	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 308 BECKY STREET	
CITY-ST-ZIP: ORLANDO FL 32824	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 308 BECKY STREET	
CITY-ST-ZIP: ORLANDO FL 32824	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: 3/9/04 Daytime Phone #: (407) 876 5027