



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90066 040 \*\*\*150.00

DOCUMENT # P02000059415					
<b>1. Entity Name</b> AMERICAN EDUCATION TOURS INC.					
<b>Principal Place of Business</b> 4025 SW 96TH AVENUE MIAMI, FL 33165			<b>Mailing Address</b> 4025 SW 96TH AVENUE MIAMI, FL 33165		
<b>2. Principal Place of Business</b> 7479 SW 8 Street <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 7479 SW 8 Street <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 42-1542659	
<b>Zip</b> 33144		<b>Country</b> Miami-Dade		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PEREZ DE CAMINO, FERNANDO 17332 SW 149 COURT MIAMI, FL 33187				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: <u>Fernando</u> <u>Fernando Perez de Camino</u> <u>04-20-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> V	<b>NAME</b> HERNANDEZ, LISSET		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 20651 SW 125 AVE,	<b>CITY-ST-ZIP</b> MIAMI, FL 33177		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> P	<b>NAME</b> HERNANDEZ, RAMON		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3802 SW 93 AVE.	<b>CITY-ST-ZIP</b> MIAMI, FL 33165		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> Fernando Perez de Camino		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 17332 SW 149 Court	<b>CITY-ST-ZIP</b> Miami FL 33187		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> Fernando Perez de Camino		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 17332 SW 149 Court	<b>CITY-ST-ZIP</b> Miami FL 33187		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> Fernando Perez de Camino		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 17332 SW 149 Court	<b>CITY-ST-ZIP</b> Miami FL 33187		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ramon Hernandez</u> <u>Ramon Hernandez</u> <u>4-19-04</u> <u>305-554-7272</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					