


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000084513		
1. Entity Name MACARENA TRAVEL & TOURS, INC.		
Principal Place of Business 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604		Mailing Address 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VELASQUEZ, RICARDO 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604		DO NOT WRITE IN THIS SPACE
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 <u><i>Ricardo Velasquez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/11/06</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELASQUEZ, RICARDO 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VELASQUEZ, GLORIA P 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Ricardo Velasquez</i></u> DATE <u>1/11/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2287072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000426900
02/20/06-80061-025 150.00

**DO NOT WRITE
IN THIS SPACE**