


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000084513 1. Entity Name MACARENA TRAVEL & TOURS, INC.	
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Principal Place of Business 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604	Mailing Address 7901 N. ARMENIA AVE. SUITE C TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



08022007 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	

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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000771896
08/10/07-80005-008-150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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IN THIS SPACE**

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: Ricardo Velasquez - President 8/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #