2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101621

Entity Name: ALAV TOUR OPERATOR, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

10613 HAMMOCKS BLVD 10661 N. KENDALL DR SUITE 223 SUITE 232

MIAMI, FL 33196 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

10613 HAMMOCKS BLVD 10661 N. KENDALL DR SUITE 223 SUITE 232 MIAMI, FL 33196 MIAMI, FL 33176

FEI Number: 16-1629167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ABREAU, ARTURO ABREU, ARTURO 7421 SW 152 AVE APT 107 10613 HAMMOCKS BLVD MIAMI, FL 33193 **APT 223** MIAMI, FL 33196 US

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.

SIGNATURE: ARTURO ABREU 04/27/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: ABREU, ARTURO ABREU, ARTURO Name: Name:

7421 SW 152 AVE APT 107 Address: 10613 HAMMOCKS BLVD, APT 223 Address:

City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33196

Title: Title: () Delete (X) Change () Addition Name: ABREU, ANA Name: ABREU, ANA

Address:

7421 SW 152 AVE APT 107 Address: 10613 HAMMOCKS BLVD, APT 223

MIAMI, FL 33193 MIAMI, FL 33193 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: RAMIREZ, RAMIRO A Name: 14563 S.W. 174 ST Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO ABREU D 04/27/2004