## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000103544

Address:

City-St-Zip:

9890 NW 24 CT

SUNRISE, FL 33322

Entity Name: ALIANZA TOURS & TRANSPORATION INC.

FILED Jan 10, 2005 Secretary of State

y	7 (2)	A TOOKO & THAIROI OKAMO	14, 1140.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9890 NW 2 SUNRISE,	24 CT , FL 33322				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
16300 NE SUITE C NORTH M	19 AVE IIAMI BEACH	, FL 33162	9890 NW 24 CT SUNRISE, FL 33322		
FEI Number	: 16-1629614	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9890 NW 2 SUNRISE, The above	, FL 33322	US y submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electr	onic Signature of Registered A	gent	Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD CHAPARRO, 9890 NW 24 SUNRISE, FL	СТ	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD LEON, JOHN 9890 NW 24 SUNRISE, FL	ст	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD RODRIGUEZ	( ) Delete RICHARD	Title: ( Name:	) Change ()Addition	

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 Statutes. 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.

Address:

City-St-Zip:

SIGNATURE: RUBEN CHAPARRO PD 01/10/2005