


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P02000103544</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br><b>ALIANZA TOURS &amp; TRANSPORTATION, INC.</b>  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>9890 NW 24 CT<br>SUNRISE, FL 33322  |   |  | <b>Mailing Address</b><br>9890 NW 24 CT<br>SUNRISE, FL 33322   |   |  |
| <b>2. Principal Place of Business</b>   |   |  | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt #, etc.  |   |  | Suite, Apt #, etc.   |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country  |  | Zip   |  |
| Country   |   | Country  |  | 01252006    Chg-P    CR2E034 (11/05)  |  |
| <b>4. FEI Number</b><br><b>16-1629614</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <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>  |   |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| CHAPARRO, RUBEN<br>9890 NW 24 CT<br>SUNRISE, FL 33322   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| <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 _____<br><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><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>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>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PO<br>CHAPARRO, RUBEN<br>9890 NW 24 CT<br>SUNRISE, FL 33322 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <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 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 information.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> _____ <i>Ruben Chaparro</i> <b>RUBEN CHAPARRO, PRESIDENT</b> <b>1/25/06</b> <b>(954) 347-5005</b>   |   |  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |