2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90222 045 ***150.00

04202004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000004488

1. Entity Name
ACT TRANSPORTATION, TOURS & SERVICES, INC.

Principal Place of Business	Mailing Address
11652 NW 30 ST. CORAL SPRINGS, FL 33065	11652 NW 30 ST. CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
7390 SW 107 AV.	P.O. BOX 835332
Suite, Apt. #, etc. 2212	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33173 Country DADE	Zip 33283 Country DADE

4. FEI Number 33-1039169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ANTONIO
11652 NW 30 ST.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name ANTONIO CASTILLO
Street Address (P.O. Box Number is Not Acceptable) 7390 SW 107 Ave #2212
City MIAMI FL Zip Code 33173

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASTILLO, AMALIO A		NAME		
STREET ADDRESS	P.O. BOX 770504		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33077		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Antonio Castillo 4-23-04 786-290-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #