

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90023 039 ***158.75

DOCUMENT # P03000004850 1. Entity Name E AND M TOURS, INC.			
Principal Place of Business 136 NW 30TH TERRACE FORT LAUDERDALE, FL 33311		Mailing Address 136 NW 30TH TERRACE FORT LAUDERDALE, FL 33311	
2. Principal Place of Business 669 W. Campus Circle Suite, Apt. #, etc.		3. Mailing Address 669 W. Campus Circle Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33312		City & State Ft. Lauderdale, FL Zip 33312	
Country U.S.A.		Country U.S.A.	
4. FEI Number 14-1875317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WILLIAMS, ERIC 136 NW 30TH TER FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Craig Black Street Address (P.O. Box Number is Not Acceptable) 669 W. Campus Circle City Ft. Lauderdale FL Zip Code 33312	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ERIC 136 NW 30TH TERRACE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, ERIC 136 NW 30 TER FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/10/05 (954) 791-9534	