2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 18, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P03000012157** 03-18-2005 90063 033 ***150.00 IKIRA TOURS USA. INC. Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE, SUITE 400 501 BRICKELL KEY DRIVE, SUITE 400 MIAMI, FL 33131 MIAMI, FL 33131 %F,/,,,-.-13F& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 90-0062453 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... Name CODZALEZ. HEIENA FERNANDEZ, EDUARDO ESO. Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE, SUITE 400 MIAMI, FL 33131 17600 COllIDS AVE 8 Zip Code 3160 CINSUNDY ISLANC! 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE S\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee Will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE ☐ Addition DE ALVARZEZ, MORZEILSA DE ALVAREZ, MÖRELBA NAME NAME 17600 COLLINS AUE STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP SUDDY ISLAND, FL 33160 Delete Change Ch Addition TITLE ACEISIL, SSIASHOO GONZALEZ, HELENA NAME 17600 COLLINS AVE 501 BRICKELL KEY DRIVE, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * MIAMI, FL 33131 CITY-ST-ZIP SUDRY ESIALED, FC 33160 mir ☐ Delete TITLE Change Addition Alvarez, Jose ALVAREZ, JOSE STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400 17600 COULDS. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP 33160 SUDDY ISLAND ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠΊLΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ampowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Devtime Phone #