

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90048 017 \*\*\*150.00

**DOCUMENT # P03000050605**

1. Entity Name

EXCEL CRUISES & TOURS INC.



Principal Place of Business

6619 S. DIXIE HWY. #345  
MIAMI FL 33143

Mailing Address

6619 S. DIXIE HWY. #345  
MIAMI FL 33143

2. Principal Place of Business

8600 SW 67th AVE

Suite, Apt. #, etc.

#907

3. Mailing Address

6619 S. DIXIE HWY

Suite, Apt. #, etc.

#345

City & State

MIAMI FL

City & State

MIAMI

Zip

33143

Country

USA

Zip

FL

Country

33143



MOORE

CR2E034 (11/03)

4. FEI Number

061694215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUCHMAN, EDDY  
6619 S. DIXIE HWY. #345  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

TUCHMAN, EDDY

Street Address (P.O. Box Number is Not Acceptable)

6619 S. DIXIE HWY #345

City

MIAMI

FL

Zip Code

33143

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME TUCHMAN, EDDY  
STREET ADDRESS 6619 S. DIXIE HWY. #345  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE VD  
NAME TUCHMAN, ALIZA  
STREET ADDRESS 6619 S. DIXIE HWY. #345  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

3/4/04

Date

305-666-2200

Daytime Phone #