2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90074 016 ***150.00

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1. Entity Name

EXCEL CRUISES & TOURS INC.

Principal Place of Business	Mailing Address
8600 SW 67TH AVE #937 MIAMI FL 33143	6619 S. DIXIE HWY #345 MIAMI FL 33143

66005997

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
2665 SW 37th AVE.	1825 PONCE DE LEON BLVD
Suite, Apt. #, etc.: 501	Suite, Apt. #, etc.: #452
City & State: MIAMI FL	City & State: CORAL GABLES, FL
Zip: 33133 Country: MIAMI-DADE	Zip: 33134 Country: MIAMI DADE

4. FEI Number: 06-1694215 ☐ 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): 2665 SW 37th AVE APT 501
City: MIAMI FL Zip Code: 33133

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] Tuchman 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD TUCHMAN, EDDY 6619 S. DIXIE HWY. #345 MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TUCHMAN EDDY 2665 SW 37th AVE APT 501 MIAMI FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TUCHMAN, ALIZA 6619 S. DIXIE HWY. #345 MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TUCHMAN ALIZA 2665 SW 37th AVE APT 501 MIAMI FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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] Tuchman EDDY TUCHMAN PRESIDENT 3/15/05 305-666-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #