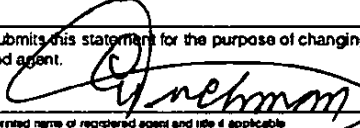
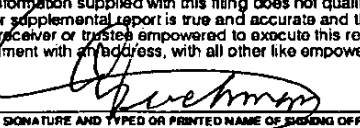


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2005 90074 016 ***150.00

DOCUMENT # P03000050605					
1. Entity Name EXCEL CRUISES & TOURS INC.					
Principal Place of Business 8600 SW 67TH AVE #937 MIAMI FL 33143			Mailing Address 6619 S. DIXIE HWY #345 MIAMI FL 33143		
2. Principal Place of Business 2665 SW 37TH AVE.			3. Mailing Address 1825 PONCE DE LEON BLVD		
Suite, Apt., etc. 501			Suite, Apt., etc. #452		
City & State MIAMI FL			City & State CORAL GABLES, FL		
Zip 33133		County 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 				DATE 1/20/05	
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					
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	VD TUCHMAN, ALIZA 6619 S. DIXIE HWY. #345 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	TUCHMAN EDDY ☒ Change ☐ Addition 2665 SW 37TH AVE APT 501 MIAMI FL 33133				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TUCHMAN ALIZA ☒ Change ☐ Addition 2665 SW 37TH AVE APT 501 MIAMI FL 33133				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:  EDDY TUCHMAN 3/15/05 305-666-2200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					