

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 020 ***150.00

DOCUMENT # P03000129870

1. Entity Name

TOURLITE INTERNATIONAL, INC.



Principal Place of Business

13205 BISCAYNE BAY TERR.
NORTH MIAMI FL 33181

Mailing Address

13205 BISCAYNE BAY TERR.
NORTH MIAMI FL 33181

JUU1040J

2. Principal Place of Business

120 SYLVAN AVE.
Suite, Apt. #, etc.
ENGLEWOOD

3. Mailing Address

120 SYLVAN AVE.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

NEW JERSEY
Zip 07632 Country USA

City & State

ENGLEWOOD CLIFFS N.J.
Zip 07632 Country US A

4. FEI Number

32-0100204

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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

| | | |
|-----------------------|-----------------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | ATHANS, NICHOLAS | |
| STREET ADDRESS | 13205 BISCAYNE BAY TERR. | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | |
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | NICHOLAS M. ATHANS | |
| STREET ADDRESS | 140 SYLVAN AVE. | |
| CITY-ST-ZIP | ENGLEWOOD CLIFFS N.J. 07632 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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

Daytime Phone #

2-15-05