

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054467

FILED
Apr 28, 2005
Secretary of State

Entity Name: LA COLONIAL TRAVEL, TOURS & MULTI SERVICES, INC.

Current Principal Place of Business:

2289 NW 28 ST.
SUITE 17
MIAMI, FL 33142

New Principal Place of Business:

2289 NW 28 STREET
SUITE 17
MIAMI, FL 33142

Current Mailing Address:

2289 NW 28 ST.
SUITE 17
MIAMI, FL 33142

New Mailing Address:

2289 NW 28 STREET
SUITE 17
MIAMI, FL 33142

FEI Number: 20-0926916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOJICA, EZEQUIEL
2289 NW 28 ST.
SUITE 17
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MOJICA, EZEQUIEL
Address: 4451 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: AZAR, OLGA F
Address: 4451 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EZEQUIEL MOJICA

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date