

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90016 048 \*\*\*150.00

DOCUMENT # P04000169485

1. Entity Name  
7871 TOURS INC.



Principal Place of Business

65 NE 27ST  
MIAMI, FL 33137

Mailing Address

65 NE 27ST  
MIAMI, FL 33137

Same

60023853



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
55-0900969

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FRIEDHEIM, RAYMOND L  
17A SE 10TH AVE  
HIALEAH, FL 33010

1171 SE 10th AVE

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FRIEDHEIM, RAYMOND L  
STREET ADDRESS 17A SE 10TH AVE  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE VP  
NAME WILLIMAN, ROBERTO E  
STREET ADDRESS 17A SE 10TH AVE  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE S  
NAME THULIN, JOHN  
STREET ADDRESS 17A SE 10TH AVE  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

RAYMOND FRIEDHEIM 2.19.08 305 8910104