

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020378

Entity Name: TASTE OF REALITY TOURS, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

700 BILTMORE WAY, #903
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

700 BILTMORE WAY, #903
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 84-1674272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, RACHEL
700 BILTMORE WAY, #903
CORAL GABLES, FL 33134 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: MARTINEZ, RACHEL P
Address: 700 BILTMORE WAY #903
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MS. () Change (X) Addition
Name: CACCIACARRO, CHERYL V
Address: 311 SE 3RD STREET #F403
City-St-Zip: DANIA BEACH, FL 33004 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RACHEL MARTINEZ

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date