

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT -2 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08312007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000092871</b> 1. Entity Name <b>J.ROBERTO TRAVEL AND TOURS, INC</b>																													
Principal Place of Business <b>7118 STRILING RD.</b> <b>DAVIE, FL 33024 US</b>			Mailing Address <b>7118 STRILING RD.</b> <b>DAVIE, FL 33024 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>7118 STRILING RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>7118 STRILING</b> Suite, Apt. #, etc.																											
City & State <b>DAVIE FL</b> Zip <b>33024</b> Country <b>USA</b>		City & State <b>DAVIE FL</b> Zip <b>33024</b> Country <b>USA</b>		4. FEI Number <b>20-3074645</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
6. Name and Address of Current Registered Agent <b>CORNEJO-CALVO, JOAQUIN R</b> <b>7118 STRILING RD.</b> <b>DAVIE, FL 33024</b>																													
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: <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE																													
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORNEJO-CALVO, JOAQUIN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7118 STRILING RD.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DAVIE, FL 33024</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">800110517726</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10/09/07--01015--018 **150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	CORNEJO-CALVO, JOAQUIN R		STREET ADDRESS	7118 STRILING RD.		CITY- ST- ZIP	DAVIE, FL 33024		TITLE	800110517726	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10/09/07--01015--018 **150.00		STREET ADDRESS			CITY- ST- ZIP		
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SIGNATURE: JOAQUIN ROBERTO CORNEJO C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #