


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90012 042 ***150.00

DOCUMENT # P05000107196					
1. Entity Name TATI'S TRAVEL & TOURS CORP.					
Principal Place of Business 6856 W. FLAGLER ST. MIAMI, FL 33144			Mailing Address 6856 W. FLAGLER ST. MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3245500	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROQUE, AMADA 1235 SW 78 CT. MIAMI, FL 33144			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: <u><i>Amada Hidalgo</i></u> President. <u>1/27/07</u> DATE					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROQUE, AMADA		NAME		
STREET ADDRESS	6856 W. FLAGLER ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, CHRISTINE		NAME		
STREET ADDRESS	8481 SW 198 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 32189		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Amada Hidalgo</i></u> <u>1/27/07</u> <u>305-267-9820</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

60013533



01252007 Chg-P CR2E034 (12/06)

ATTACHMENT
Division of Corporations 600 13533**Annual Report**

Annual Report Help

Document Number

P05000107196

Business Entity Name

TATI'S TRAVEL & TOURS CORP.

FEI Number 203245500
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes ☒ No

Principal Place of Business

Address 6856 W. FLAGLER ST.
Suite, Apt. #, etc.
City, State MIAMI , FL
Zip Code & Country 33144

Mailing Address

Address 6856 W. FLAGLER ST.
Suite, Apt. #, etc.
City, State MIAMI , FL
Zip Code & Country 33144

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ROQUE , AMADA ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1235 SW 78 CT.

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country 33144 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

OR Rodriguez

P65000107196

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) ROQUE , AMADA , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 6856 W. FLAGLER ST.
City, State MIAMI , FL
Zip Code & Country 33144

Title V
Name (Last, First, Middle, Title) FERNANDEZ , CHRISTINE , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 8481 SW 198 ST.
City, State MIAMI , FL
Zip Code & Country 32189

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over