## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097590

FILED Mar 30, 2009 Secretary of State

Entity Name: EXELLENCE WHOLESALER & RECEPTIVE TOUR OPERATOR INC.

Current Dringing! Bla				
Surrent Principal Pla	ce of Business:	New Principal Place of Busines	s:	
5201 BLUE LAGOON [ 348	OR .	16546 NE 26TH AVE 21		
мIAMI, FL 33126 — U	S	MIAMI, FL 33160 US		
Current Mailing Addr	ess:	New Mailing Address:		
5201 BLUE LAGOON [	OR .	16546 NE 26TH AVE		
348 MIAMI, FL 33126 U	S	2I MIAMI, FL 33160 US		
FEI Number: 02-0783306	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificat	e of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of New Regi	Name and Address of New Registered Agent:	
SERRALTA, CYNTHIA 16546 NE 26TH AVE				
2I MIAMI, FL 33160 US				
	y submits this statement for the p	ourpose of changing its registered office or re	egistered agent, or both,	
n the State of Florida.	y submits this statement for the p	ourpose of changing its registered office or re	egistered agent, or both,	
n the State of Florida. SIGNATURE:	y submits this statement for the position on the position on the position on the position of t		egistered agent, or both,  Date	
n the State of Florida. BIGNATURE:Electr				
n the State of Florida. SIGNATURE:Electr	onic Signature of Registered Ageing Trust Fund Contribution ().		Date	
n the State of Florida.  SIGNATURE:  Electron Campaign Finance  OFFICERS AND DIRE  Title:  Plame:  SERRALTA, Address:  16546 N.E. 2	onic Signature of Registered Age ing Trust Fund Contribution ( ).  CCTORS:	ent [	Date  CERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA SERRALTA P 03/30/2009