


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG -1 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000109803		
1. Entity Name MANKIND TOURS, INC.		

Principal Place of Business 2039 SE 10TH AVENUE #512 FT LAUDERDALE, FL 33316	Mailing Address 2039 SE 10TH AVENUE #512 FT LAUDERDALE, FL 33316
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5417703	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHWEITZER, CPA, CHARLES E 1040 BAYVIEW DRIVE #320 FT LAUDERDALE, FL 33304-2532	7. Name and Address of New Registered Agent Name <u>HUGO BRAGA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2039 SE 10TH AVE - #512</u> City <u>FT. Lauderdale</u> FL Zip Code <u>33316</u>
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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>X</u>	DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAGA, HUGO 2039 SE 10TH AVENUE #512 FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  500107468115 08/07/07--01061--008 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOUCK, STEVEN 1717 SW 17TH STREET FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>X</u>	Date <u>07/30/07</u>	Daytime Phone # <u>X954-937-4846</u>
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