

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 040 ***158.75

DOCUMENT # P07000087694																													
1. Entity Name STONE CLIFF TRAVEL, INC.																													
Principal Place of Business 9255 S.W. 42TH TERRACE MIAMI, FL 33165			Mailing Address 9255 S.W. 42TH TERRACE MIAMI, FL 33165																										
2. Principal Place of Business - No P.O. Box # 9255 SW 42TH TERRACE MIA FL 33165		3. Mailing Address 9255 SW 42TH TERRACE MIA FL 33165																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 26-0655937																									
Zip 33165		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TUDELA, MAYDA 9255 S.W. 42TH TERRACE MIAMI, FL 33165			7. Name and Address of New Registered Agent 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>MAYDA TUDELA</u> <i>Mayda Tudela</i> DATE <u>1/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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>Mayda Tudela</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/22/08</u> 301 2979871 <small>Daytime Phone: #</small>																										