

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000008673

Entity Name: L TOURS INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1700 MCCOY RD  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 593165  
ORLANDO, FL 32859

**New Mailing Address:**

FEI Number: 26-4143329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, MICHAEL F  
860 HAWKES AVENUE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: KRAMER, MICHAEL F  
Address: 860 HAWKES AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: S  
Name: FARIA, RAFAEL C  
Address: 1649 SOUTH KIRKMAN RD.  
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL KRAMER

DPT

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date