

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000030421

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** AGENCIA DE VIAJES DI BLASIO, C.A. INC

**Current Principal Place of Business:**

5379 NW 90TH AVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5379 NW 90TH AVE  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 80-0701269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DI BLASIO, DAVID  
5379 NW 90TH AVE  
SUNRISE, FL 33351 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: P  
Name: DI BLASIO, DAVID  
Address: 5379 NW 90TH AVE  
City-St-Zip: SUNRISE, FL 33351

Title: VP  
Name: DI BLASIO, DOMENICO  
Address: 5379 NW 90TH AVE  
City-St-Zip: SUNRISE, FL 33351

Title: S  
Name: PULIDO, JOSEFA  
Address: 5379 NW 90TH AVE  
City-St-Zip: SUNRISE, FL 33351

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: DAVID DI BLASIO

P

04/27/2012

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

\_\_\_\_\_  
Date