2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000048772

1. Entity Name
HOLIDAYS IN MOTION, INC.

Principal Place of Business
1150 SW 22ND STREET
100
MIAMI, FL 33129   US

Mailing Address
1150 SW 22ND STREET
100
MIAMI, FL 33129   US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0410482	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, CARMEN G
2476 SW 23 TERR
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 *CARMEN LEAL / PRESIDENT*   *Carmen Leal*   1/10/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEAL, CARMEN G
STREET ADDRESS	2476 SW 23 TERR
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	V
NAME	BISHOP, JACE A
STREET ADDRESS	1688 WEST AVE APT 809
CITY-ST-ZIP	MIAMI, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000534620
01/12/07-80043-022 150.00

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: *CARMEN LEAL / PRESIDENT*   *Carmen Leal*   1/10/07   305-856-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #