2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State

### Procedure Process Melitrip Acedess Date (ARAND NATIONAL DRIVE STE #128 E ORANDO, Ft 2819 US ORANDO, Ft 2819 ORANDO, Ft 2829 ORA	DOCUMENT # P93000078211 1. Entity Name S.A. TOUR & TRAVEL, INC.				07-06-2004 90006 013 ***158.75	
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Detail D	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07012004 Chg-P CR2E034 (10/03)	
S. Averillo, SIMONE BOA3 HORSE FERRY RD ORLANDO, FL \$2835 S. Certificate of Simula Desired Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above names Agent Charles (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above names Agent Charles (P.O. Box Number is Not Acceptable) City FL Not Not Acceptable) City FL Zip Code 8. The above names Agent Charles (P.O. Box Number is Not Acceptable) City FL Not Not Acceptable) City FL Not Not Acceptable) City FL Zip Code 8. The above names Agent Charles (P.O. Box Number is Not Acceptable) City FL Not Not Acceptable) Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTERNATIONAL INTER			WINDERMER	RE FL		
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SAVERIO, SIMONE BOA3 HORSE FERRY RD ORLANDO, FL 32835 City FL Zip Code		6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CAVEDIO	ii Claanin		Name		
8. The above names approximate approximate the obligations of registered pages. SIGNATURE SUPERIOR SIGNATURE STAVERIOR SIGNATU	8043 HORSE FERRY RD			Street Address (P.O. Box Number is Not Acceptable)		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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 sharing empowered.

SIGNATURE:

SAVERIO SIMONE TULL 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR