

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055647

Entity Name: TOURICO HOLIDAYS, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

220 CENTRAL PARKWAY, #4000
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

220 CENTRAL PARKWAY, #4000
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3260171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

URI ARGOV
220 EAST CENTRAL PARKWAY
SUITE 4010
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

ARGOV, URI
220 EAST CENTRAL PARKWAY
SUITE 4010
ALTAMONTE SPRINGS, FL 32701 US

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: URI ARGOV

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARGOV, URI
Address: 220 EAST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: ARGOV, MIRIAM
Address: 220 EAST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STOCKWELL, ROBERT
Address: 220 EAST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: KALMAR, AMIR
Address: 220 EAST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: D,VP/AMIR KALMAR

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date