## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P94000055647

FILED Oct 10, 2006 Secretary of State

Entity Name: TOURICO HOLIDAYS, INC. **Current Principal Place of Business: New Principal Place of Business:** 220 CENTRAL PARKWAY, #4000 ALTAMONTE SPRINGS, FL 32701 US **Current Mailing Address: New Mailing Address:** 220 CENTRAL PARKWAY, #4000 ALTAMONTE SPRINGS, FL 32701 US FEI Number: 59-3260171 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: URI ARGOV D 10/10/2006