
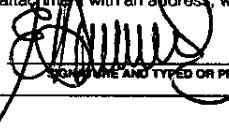


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 005 \*\*\*150.00

<b>DOCUMENT # P96000027803</b> 1. Entity Name <b>FLORIDA TRANSTOURS INC.</b>					
Principal Place of Business <b>627 N W 24 AVE</b> <b>MIAMI, FL 33125</b>			Mailing Address <b>627 N W 24 AVE</b> <b>MIAMI, FL 33125</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0654970</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HERRERA, EDGAR E</b> <b>627 N W 24 AVE</b> <b>MIAMI, FL 33125</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRERA, EDGAR</b>		NAME	<b>HERRERA E. EDGAR</b>	
STREET ADDRESS	<b>627 N W 24 AVE</b>		STREET ADDRESS	<b>3160 S.W 4th</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>		CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 			<b>EDGAR E HERRERA</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>07/27/04 (786) 423-8560</b> <small>Daytime Phone #</small>		



*ATTACHMENT*  
**FLORIDA TRANSTOURS INC.**  
*54071045*  
"Exclusive 24 hour On Call Private Shuttle & Tour Service"

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July 27, 2004

Division of Corporation  
P. O. Box 6327  
Tallahassee Fl. 32314

Dear Sir or Madam:

I am sending you this letter because I have not received the renewal form of my company under  
**Florida Transtours Inc. Document # P96000027803**

I assume this happened because we changed address, so please take note of the new address:

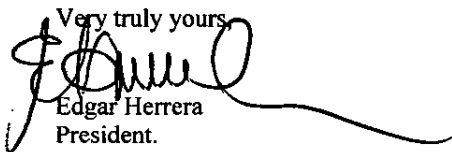
- Old address: 627 N. W. 24 Ave.  
Miami Fl. 33125
- New Address 3160 S. W. 4 St.  
Miami Fl. 33135

At the same time I am sending you the amount of \$150.00 money order for the renewal of the year  
2004

When I sent you the payment last year 2003 I never got the "Certificate Status" (find attached  
copy of it), even though, I paid the amount of \$8.75 for it.

I would very much appreciate it transferring that amount paid last year (2003) over to this year  
(2004), so this way I can have the certificate for this year.

Thank you very much for your time, and cooperation.

Very truly yours,  
  
Edgar Herrera  
President.  
(786) 423-8560

3160 S.W. 4St. Miami Fl. 33135  
Ph/Fax (305) 631-0936 Cell (786) 423-8560 Beep. (305) 659-4730  
[www.floridatranstours.com](http://www.floridatranstours.com)

ATTACHMENT  
54071045  
# P96050027803

PALM VILLAGE POSTAL STORE  
HIALEAH, Florida  
330029998  
09/16/2003 (800)275-8777 12:38:06 PM

Product Description	Sale Qty	Unit Price	Final Price
Dom. Money Order 06006793353			\$150.00
Domestic Money Order Fee			\$0.90
SubTotal:			\$150.90
Dom. Money Order 06006793364			\$8.75
Domestic Money Order Fee			\$0.90
SubTotal:			\$9.65
Total:			\$160.55
Paid by:			
Cash			\$161.00
Change Due:			-\$0.45

Bill#: 1050501095912  
Clerk: 05

Refunds only per DMN P014  
Thank you for your business  
Customer Copy

