


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 019 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P96000031854 1. Entity Name LIEBT WAY TOURS SERVICES, INC. | | | |  | |
| Principal Place of Business 9731 FOUNTAINBLEAU BLVD 205 MIAMI, FL 33172 US | | | Mailing Address 9731 FOUNTAINBLEAU BLVD 205 MIAMI, FL 33172 US | | |
| 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 65-0663823 | |
| 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 | |
| CONCEICAO, HENRIQUE 645 IVES DAIRY ROAD, APT. #310 NORTH MIAMI, FL 33179 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CORTES, MIGUEL J 9731 FOUNTAINBLEAU BLVD #205 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | YD URZUA MACRENA 9731 FOUNTAINBLEAU BLVD 205 MIAMI FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZAROR, CARLOS 9731 FOUNTAINBLEAU BLVD #205 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 4/30/04 Daytime Phone #: _____ | | |