

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 020 \*\*\*150.00

DOCUMENT # P97000014356



1. Entity Name  
RONY TOURS CORPORATION

Principal Place of Business  
7953 MURCOTT CR L.  
ORLANDO, FL 32835 US

Mailing Address  
7953 MURCOTT CR L.  
ORLANDO, FL 32835 US



08192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3427377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KITELMAN, JAIME  
7953 MURCOTT CIRCLE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KITELMAN, JAIME E 7953 MURCOTT CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CUCCARESE, JORGE H 7953 MURCOTT CIRCLE ORLANDO, FL 32835
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 1 04

Date

Daytime Phone # \_\_\_\_\_

ATTACHMENT

# P97000014356  
54072881

WE DIDN'T RECEIVE THIS ANNUAL REPORT, ON THE MAIL.  
SO, WE PRINTED THIS ONE FROM THE INTERNET

THANK YOU



JAIME KITELMAN