

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000014356

1. Entity Name
RONY TOURS CORPORATION



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

09-14-2004 90001 020 ***150.00

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

☐

\$8.75 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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KITELMAN, JAIME E
STREET ADDRESS	7953 MURCOTT CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VSD
NAME	CUCCARESE, JORGE H
STREET ADDRESS	7953 MURCOTT CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

SEP 1 04

ATTACHMENT

P97000014356
54072881

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

THANK YOU



JAIME KITZELMAN