2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000014356

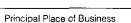
1. Entity Name

RONY TOURS CORPORATION



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

09-14-2004 90001 020 ***150.00



Mailing Address

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

08192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For September Sep-3427377 Not Applicable \$8.75 Additional

DATE

5. Certificate of Status Desired

\$8.75 Additiona Fee Required

N. JAIME

KITELMAN, JAIME 7953 MURCOTT CIRCLE CORAL GABLES, FL 33134 :

SIGNATURE

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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.	

(NOTE: Registered Agent signature required when reinstating)

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

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PTD TITLE KITELMAN, JAIME E NAME STREET ADDRESS 7953 MURCOTT CIRCLE CITY-ST-ZIP ORLANDO, FL 32835 **VSD** 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 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 trues expowered 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 aptiess with all other like empowered.

SIGNATURE:

IGNATURE AND EXPEDUR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 1 04

Daytime Phone #

ANACHMENT #1 P97600014356 54072881

WE DIDN'T RECEIVE THIS ANNUAL REPORT, ON THE MAIL.

S, WE PRINTED THIS ONE FROM THE INTERNET

THANK YOU

laime Kittlman