

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000016805

1. Entity Name
DIVINE MERCY TOURS & TRAVEL, INC.



Principal Place of Business
**5920 SW 113 COURT
MIAMI, FL 33173**

Mailing Address
**5920 SW 113 COURT
MIAMI, FL 33173**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0730879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, MIRIAM
5920 SW 113RD CT
MIAMI, FL 33172**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	PEREZ, MIRIAM M
STREET ADDRESS	5920 SW 113RD CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	PEREZ, MANUEL D
STREET ADDRESS	5920 SW 113RD CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80009-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Feb. 15, 2006 553-8747

Date

Daytime Phone #