


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90118 016 \*\*\*150.00

<b>DOCUMENT # P97000019563</b> 1. Entity Name <b>VOLARE TRAVEL CONSULTANTS INC.</b>					
Principal Place of Business <b>6801 NW 77TH AVE. SUITE 105 MIAMI, FL 33166</b>			Mailing Address <b>6801 NW 77TH AVE. SUITE 105 MIAMI, FL 33166</b>		
2. Principal Place of Business <b>7661 NW 68 Street Suite 106 Miami FL</b>			3. Mailing Address <b>7661 NW 68 ST Suite 106 Miami FL</b>		
City & State <b>Miami FL</b>			City & State <b>Miami FL</b>		
Zip <b>33166</b>			Zip <b>33166</b>		
Country			Country		
4. FEI Number <b>65-0731621</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LAHOZ, LILIANA V. 6801 NW 77TH AVE., #105 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>Lahoz Liliana V</b> Street Address (P.O. Box Number is Not Acceptable) <b>7661 NW 68 ST Suite 106</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>		
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 <u><i>Liliana V Lahoz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/22/04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAHOZ, LILIANA 12535 N.W. 7TH ST. MIAMI, FL 33182</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAHOZ, JUAN R 12535 NW 7TH ST. MIAMI, FL 33182</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Liliana V Lahoz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/22/04</u> Daytime Phone # <u>(305) 5990244</u>		