

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90067 029 ***150.00

DOCUMENT # P97000019563 1. Entity Name VOLARE TRAVEL CONSULTANTS INC.					
Principal Place of Business 7661 NW 68 STREET SUITE 106 MIAMI, FL 33166			Mailing Address 7661 NW 68 STREET SUITE 106 MIAMI, FL 33166		
2. Principal Place of Business 5701 NW 74 AVE Suite, Apt. #, etc.			3. Mailing Address 5701 NW 74 AVE Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami		
Zip 33166		Country		Zip 33166	
Country		4. FEI Number 65-0731621			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAHOZ, LILIANA V; 7661 NW 68 ST SUITE 106 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name LAHOZ, LILIANA V Street Address (P.O. Box Number is Not Acceptable) 5701 NW 74 AVE City Miami FL Zip Code 33166		
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>09/06/05</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAHOZ, LILIANA <input type="checkbox"/> Delete 12535 N.W. 7TH ST. MIAMI, FL 33182		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAHOZ, JUAN R <input type="checkbox"/> Delete 12535 NW 7TH ST. MIAMI, FL 33182		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	
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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>			<u>09/06/05</u> (305) 599 0244 <small>Date Daytime Phone #</small>		

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09062005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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