
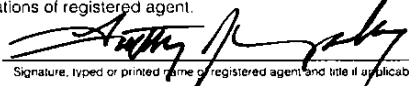
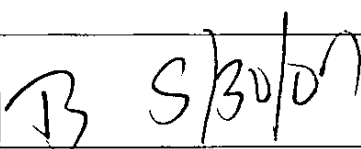
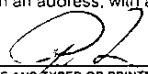


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000044454 1. Entity Name EXPO TRAVEL & TOURS, CORP.					
Principal Place of Business 8726 NW 26 STREET SUITE 25 MIAMI, FL 33172			Mailing Address 8726 NW 26 STREET SUITE 25 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0769642	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVELA & ASSOCIATES, P.A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., Ste. 1600 City Miami FL Zip Code 33131	
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 		Timothy J. Murphy		5/7/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINERO, PABLO 8726 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete 800103892708 06/05/07--01010--003 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, ISABEL 8726 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINERO, MARIA E 8726 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDALL, GEOFFREY 8726 NW 26 STREET MIAMI, FL 33172	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. Biscayne Blvd., Ste. 1600 Miami, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 			
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: 		Geoffrey Randall		5/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305.379.9142	

FILED
07 MAY 18 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072007 Chg-P CR2E034 (12/06)