2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070311

Title:

Name:

Address:

City-St-Zip:

FILED Apr 25, 2005 Secretary of State

Entity Name: INTERSTATE TOURS, INC.							
Current Pr	incipal Plac	e of Business:	New Princi	New Principal Place of Business:			
2510 SAGE KISSIMMEE	DRIVE E, FL 34758						
Current Mailing Address:			New Mailir	New Mailing Address:			
P.O. BOX 4 KISSIMMEE	21289 E, FL 34742						
FEI Number:	59-3468225	FEI Number Applied For() FE	El Number Not Appli	cable ()	Certificate	of Status Desired (X)	
Name and	Address of	Name and	Name and Address of New Registered Agent:				
ARVESU, N 100 S.E. W SUITE 3700 MIAMI, FL	ND STREET)						
The above in the State	named entity of Florida.	submits this statement for the purpo	ose of changing it	s registered	office or reg	istered agent, or both,	
SIGNATURE:							
Election Cam		nic Signature of Registered Agent ng Trust Fund Contribution ().			D	ate	
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DP (PUENTES, SA 2510 SAGE DI KISSIMMEE, F	RIVE	Title: Name: Address: City-St-Zip:	PCEO (X PUENTES, SA 2510 SAGE D KISSIMMEE, F	RIVE	Addition	
Title: Name: Address: City-St-Zip:	V (PUENTES, NU 2510 SAGE DI KISSIMMEE, F	RIVE	Title: Name: Address: City-St-Zip:	VP (X PUENTES, NU 2510 SAGE D KISSIMMEE, F	RIVE	Addition	
Title: Name: Address: City-St-Zip:	S (PUENTES, JO 39132 CR 54 a ZEPHYRHILLS	# 2258	Title: Name: Address: City-St-Zip:	DO (X PUENTES, JO 39132 CR 54 ZEPHYRHILLS	#2258	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SAUL PUENTES PCEO 04/25/2005

() Delete

() Change (X) Addition

PUENTES, JÀIME A

2510 SAGE DRIVE

KISSIMMEE, FL 34758