

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070311

FILED
Apr 29, 2008
Secretary of State

Entity Name: INTERSTATE TOURS, INC.

Current Principal Place of Business:

2510 SAGE DRIVE
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421289
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 59-3468225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARVESU, MANUEL M
100 S.E. WND STREET
SUITE 3700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: PUENTES, SAUL
Address: 2510 SAGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: PUENTES, NUBIA
Address: 2510 SAGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: SDO () Delete
Name: PUENTES, JOSUE S
Address: 39132 CR 54 #2258
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DO () Delete
Name: PUENTES, JAIME A
Address: 2510 SAGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SAUL PUENTES

PCEO

04/29/2008

Electronic Signature of Signing Officer or Director

Date