## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000070311

Entity Name: INTERSTATE TOURS, INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2510 SAGE DRIVE 2510 SAGE DRIVE

KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 421289 P.O. BOX 421289

KISSIMMEE, FL 34742 KISSIMMEE, FL 34742 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARVESU, MANUEL M 100 S.E. WND STREET **SUITE 3700** 

2510 SAGÉ DRIVE KISSIMMEE, FL 34758 US MIAMI, FL 33131 US

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.

PUENTES, JOSUE S

SIGNATURE: JOSUE S PUENTES 04/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition **PCFO** ( ) Delete Title: PCFO. Name: PUENTES, SAUL Name: PUENTES, SAUL S Address:

2510 SAGE DRIVE 2510 SAGE DRIVE Address: KISSIMMEE, FL 34758 US City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip:

VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete Name: PUENTES, NUBIA Name: PUENTES, NUBIA A

2510 SAGE DRIVE 2510 SAGE DRIVE Address: Address: KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition SDO OD BRENA, DORIS M PUENTES, JAIME A Name: Name:

4615 LORI CHRISTINE STREET 2510 SAGE DRIVE Address: Address: City-St-Zip: HAINE CITY, FL 33844 City-St-Zip: KISSIMMEE, FL 34758 US

Title: DO ( ) Delete Title: SOD (X) Change ( ) Addition

PUENTES, GIOVANNA M CABRERA, HORACIO Name: Name: Address: 2031 GLORIA OAK CT Address: 2510 SAGE DRIVE City-St-Zip: City-St-Zip: ORLANDO, FL 32820 KISSIMMEE, FL 34758 US

Title: Title: ( ) Change (X) Addition () Delete

PUENTES, JOSUE S Name: Name: Address: 2510 SAGE DRIVE Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34758 US

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 J PUENTES **PCEO** 04/24/2009