

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076912

FILED
May 04, 2009
Secretary of State

Entity Name: ALVATOUR TRAVEL & SERVICES, CORP.

Current Principal Place of Business:

4624 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

4624 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 65-0775605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIDE, ALVANIA V
4624 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAIDE, ALVANIA V
Address: 3713 WOODFIELD DR.
City-St-Zip: COCONUT CREEK, FL 33064 US

Title: GM () Delete
Name: FIALHO, CARLA V
Address: 761 SIESTA KEY CIR #1721
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: GM (X) Change () Addition
Name: FIALHO, CARLA V
Address: 1804 CONGRESSIONAL
City-St-Zip: DEERFIELD BEACH, FL 33442 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: ALVANIA VIVIANE SAIDE

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date