FILED
May 22, 2003 8:00 am
Secretary of State

4/30

04-30-2003 90153 023 ***150.00
05-22-2003 90138 038 *****8.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90137462

DOCUMENT # P97000102566

1. Entity Name
KSA TOUR, INC.

Principal Place of Business	Mailing Address
2260 SW 42 TERRACE FORT LAUDERDALE, FL 33317 US	16300 N.E. 19 AVENUE SUITE C NORTH MIAMI BEACH, FL 33162 US

2. Principal Place of Business:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address: 2260 SW 42 Terr
Suite, Apt. #, etc.:
City & State: Ft. laud.
Zip: 33317 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0798000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILVA, FERNANDO
16300 N.E. 19 AVENUE
SUITE C
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
Name: Ciro Cardenas
Street Address (P.O. Box Number is Not Acceptable): 9714 NW 23 Ct
City: Pembroke Pines FL Zip Code 33024

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: Ciro CIRO CARDENAS 05/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ARREGOCES, JHONNY	
STREET ADDRESS	2260 SW 42 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
TITLE	TD	☐ Delete
NAME	ARREGOCES, ELIZABETH	
STREET ADDRESS	2262 SW 42 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Elizabeth Arregoces 04-25-03 954-614-7452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #