

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90001 025 ***150.00

DOCUMENT # P98000037463

1. Entity Name
KOLIMA TOURS, INC.



Principal Place of Business

**782 N. LE JEUNE ROAD
SUITE 440
MIAMI, FL 33126**

Mailing Address

**782 N. LE JEUNE ROAD
SUITE 440
MIAMI, FL 33126**

50053076



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0834383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASENSIO, MARC F
920 MARIANA AVENUE
CORAL GABLES, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASENSIO, MARC F
920 MARIANA AVENUE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC F. ASENSIO APRIL 23RD 2005

Date

Daytime Phone #

GLORIA M. BATULE, P.A.

CERTIFIED PUBLIC ACCOUNTANT

782 N.W. LE JEUNE ROAD
SUITE 440
MIAMI, FLORIDA 33126

TELEPHONE (305) 441-6464
FACSIMILE (305) 445-0543

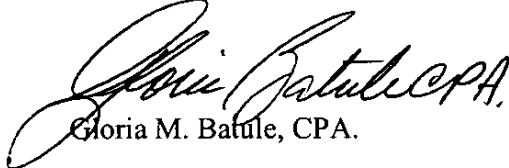
May 27, 2005

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find the renewal of the corporation, Kolima Tours, Inc. Said report is being filed late because the only office was out of town selling in behalf of the company. Therefore, we respectfully request that the late fee in the amount of \$400 be abated.

Yours truly,


Gloria M. Batule, CPA.

Enclosures