


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90007 005 \*\*\*150.00

DOCUMENT # P98000037463	
1. Entity Name KOLIMA TOURS, INC.	

Principal Place of Business 782 N. LE JEUNE ROAD SUITE 528 MIAMI, FL 33126	Mailing Address 782 N. LE JEUNE ROAD SUITE 528 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 920 MARIANA AVE	3. Mailing Address Same
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coral Gables Flc	City & State Coral Gables Flc
Zip 33134	Zip 33134
Country Maine Dade	Country Maine Dade



08152007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0834383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES, FL	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	MARC F. ASENSIO 8/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date