


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90135 012 ***150.00

DOCUMENT # P99000047382 1. Entity Name J.M.S. TRANSPORTATION & TOURS, INC.	
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Principal Place of Business 6301 BISCAYNE BLVD SUITE 104 MIAMI, FL 33138	Mailing Address 10501 NE 3RD AVE. MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0922751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCATENA, JUAN MANUEL
10501 NE 3RD AVE.
MIAMI, FL 33138**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	03/08/05 02282005 026 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCATENA, JUAN MANUEL 10501 NE 3RD AVE. MIAMI, FL 33138
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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: JUAN M. SCATENA (PRESIDENT) **03.04.05** **305-759-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #