

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 019 ***150.00

DOCUMENT # S10302

1. Entity Name
MILLIE VEGA GOLDEN TOURS AND CRUISES CORP.



Principal Place of Business
**6780 CORAL WAY
MIAMI, FL 33155 US**

Mailing Address
**6780 CORAL WAY
MIAMI, FL 33155 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 260325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLA

Zip

Country

Zip

Country

33126

USA

04102008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0228416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEGA, MILLIE R
5930 NW 7TH STREET
MIAMI, FL 33126**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11 / 2008 305 263 2400
Date Daytime Phone #