


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90080 029 ***150.00

DOCUMENT # S12904	
1. Entity Name ALL SIZE WORLD TOURS, INC.	

Principal Place of Business 14000 N. Military Trail 4733 W ATLANTIC AVE C21 Suite 200 DELRAY BEACH FL 33445 33484	Mailing Address 14000 N. Military Trail 4733 W ATLANTIC AVE C21 Suite 200 DELRAY BEACH FL 33445 33484
---	---

J4U13077



MOORE CR2E034 (11/03)

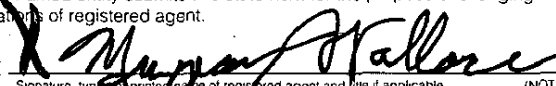
2. Principal Place of Business 14000 N MILITARY TRAIL #200	3. Mailing Address 14000 N MILITARY TRAIL #200
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200

City & State DELRAY BCH	City & State DELRAY BEACH
Zip 33484-2600	Zip 33484-2600
Country PALM BCH	Country PALM BCH

4. FEI Number 65-0231263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE MURRAY 4733 W ATLANTIC AVE #C21 DELRAY BEACH FL 33445 33484 Suite 200	
---	--

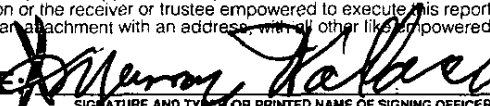
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14000 N MILITARY TRAIL #200 City DELRAY BCH FL 33484-2600	
--	--

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  DATE 3.31.04	
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$160.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALLACE, MURRAY 4733 W ATLANTIC AVE C21 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALLACE, MARILYN 4733 W ATLANTIC AVE C21 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALLACE, ALLAN 4733 W ATLANTIC AVE C21 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 	MURRAY WALLACE, PAUL 3.31.04 637-6011
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #