## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2007 08:00 AM **Secretary of State** DOCUMENT #V08364 1. Entity Name TOURS BY JOYCE, INC. Principal Place of Business Mailing Address 7790 S.W. 31ST STREET 7790 S.W. 31ST STREET MIAMI, FL 33155 MIAMI, FL 33155 01192007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0307275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUBBOT, JOYCE DO NOT WRITE 7790 S.W. 31ST STREET MIAMI, FL 33155 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 eccept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SUBBOT, JOYCE NAME STREET ADDRESS 7790 S.W. 31 ST. CITY-ST-ZIP MIAMI, FL 33155 TITLE U00000599786 NAME 01/25/07-80042-009 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:** 

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HIM W SWINT JOY CE SUBBOT SIGNATURE AND PYPED OR PRINTED NAME OF BIONDING OFFICER OR DIRECTOR

1/21/07

3052646604

Daytime Phone #

**FILED**