2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V20346

1. Entity Name
ALTURA TOURS INC.

Principal Place of Business	Mailing Address
14707 S DIXIE HWY STE 301 MIAMI, FL 33176 US	14707 S DIXIE HWY STE 301 MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

01222008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0317222	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LINARES, DIEGO
C/O ALTURA TOURS
14707 S DIXIE HWY STE 301
MIAMI, FL 33176

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_____
Signature, typed or printed name of registered agent and title if applicable.   (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

TITLE	PD	
NAME	LINARES, DIEGO	
STREET ADDRESS	14707 S DIXIE HWY C/O ALTURA TOURS	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TSD	
NAME	LINARES, IVONNE	
STREET ADDRESS	14707 S DIXIE HWY C/O ALTURA TOURS	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000896789
04/25/08-80022-007 150.00

DO NOT WRITE IN THIS SPACE

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: X _Ivonne Linares TSD_   4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

(305) 255525/