


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V22963
1. Entity Name
NUSTA TRAVEL & TOURS, INC.



Principal Place of Business Mailing Address
**138 E HIALEAH DR.
HIALEAH, FL 33010** **138 E HIALEAH DR.
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0323257 Not Applicable

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

6. Name and Address of Current Registered Agent
**FALKOWSKI, LUZ
138 E HIALEAH DR
SUITE 113
HIALEAH, FL 33010**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000450597
03/10/06-80012-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALKOWSKI, LUZ 138 E. HIALEAH DR. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VILCHEZ, LUIS E. 138 E. HIALEAH DR. HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luz Falkowski* **02-23-2006** **305-882-82**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #