2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 Al Secretary of State

	ANNUAL	REPORT		Secretary of St
DOCU	MENT # V22963			Secretary or Si
1. Entity Nam NUSTA T	RAVEL & TOURS, INC.			
Principal Place	e of Business	Mailing Address	1	
138 E HILEA Hialeah, Fl		138 E HILEAH DR. Hialeah, Fl 33010		
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		en de		01242008 No Chg-P CR2E034 (11/05)
. D	O NOT WRITE	IN THIS SPA	CE	
•				65-0323257 Not Applicable
			4 4 4	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		
FALKOWS				DO NOT WRITE
138 E HIAI SUITE 113				IN THIS SPACE
HIALEAH,	FL 33010			IN THIS SPACE
9 The above	named entity submits this statement for	the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.	the purpose of changing its registe	iou onice or rugister	ed agoni, or body, in the blade of the centre of the centr
SIGNATURE_	Signature, lyped or printed name of registered agent as	nd title if applicable. (NOTE, Register	ed Agent signature requirer	j when remstating) DATE
				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	incing \$5 . D Add	.00 May Be led to Fees
10. OFFICERS AND DIRECTORS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME	PD FALKOWSKI, LUZ		1965	
STREET ADDRESS	138 E. HIALEAH DR.			
CITY-S1-ZIP	STD STD			U00000803259
NAME	VILCHEZ, LUIS E.			02/05/08-80019-002 150.00
STREET ADDRESS CITY-ST-ZIP	138 E. HIALEAH DR. HIALEAH, FL 33010			
TITLE				
NAME STREET ADDRESS				DO MOT MOITE
CITY-ST-ZIP				DO NOT WRITE
TITLE NAME	,			IN THIS SPACE
	•			
STREET ADDRESS				
CITY-\$F-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filing does not quality 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 an other like empowered.

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/24/2008 305-882 823 Case Daylore Prone #