

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Roberts JUN 09 2005

5/17/2005-90011-047-\$150.00-\$150.00

FILED  
05 JUN -9 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # V58712</b>	
1. Entity Name <b>BON JOUR TOUR &amp; TRAVEL, INC.</b>	



Principal Place of Business <b>992 N. SEMORAN BLVD. SUITE B ORLANDO, FL 32807 US</b>	Mailing Address <b>992 N. SEMORAN BLVD. SUITE B ORLANDO, FL 32807 US</b>
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3138393</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NALOY DIAZ 601 RED MAPLE CT OVIEDO, FL 32765</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DIAZ, NALOY 1105 PHEASANT CIRCLE WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V DIAZ, WILLIAM 1105 PHEASANT CIRCLE WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T DIAZ, WILLIAM 1105 PHEASANT CIRCLE WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S DIAZ, NALOY 1105 PHEASANT CIRCLE WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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: Naloy Diaz Jon 6.05 (407)3826688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #