

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000076414

**Entity Name:** A1 ALLINCLUSIVE TRAVEL INC.

**Current Principal Place of Business:**

8281 SW 183 ST  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

8281 SW 183 ST  
PALMETTO BAY, FL 33157 US

**FEI Number:** 65-1123416

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHIVBARAN, YOMATTI  
8281 S.W. 183 STREET  
PALMETTO BAY, FL 33157 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SHIVBARAN, YOMATTI R  
Address 8281 SW 183 ST  
City-State-Zip: PALMETTO BAY FL 33157

Title S  
Name SHIVBARAN, YOMATTI  
Address 8281 SW 183 ST  
City-State-Zip: PALMETTO BAY FL 33157

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOMATTI SHIVBARAN

**MANAGER**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date