

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000076414

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC0544863822**

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

**Current Principal Place of Business:**

8281 SW 183 ST  
MIAMI, FL 33157

**Current Mailing Address:**

8281 SW 183 ST  
MIAMI, FL 33157

**FEI Number:** 65-1123416

**Certificate of Status Desired:** No

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

SHIVBARAN, YOMATTI  
8281 SW 183 ST  
MIAMI, 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 183RD STREET  
City-State-Zip: MIAMI FL 33157

Title            S  
Name            SHIVBARAN, YOMATTI  
Address        8281 SW 183RD STREET  
City-State-Zip: MIAMI 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

**OWNER**

**03/10/2016**

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

\_\_\_\_\_  
Date