

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000026404

Entity Name: TOSELLI TOURS CORP.**Current Principal Place of Business:**1607 PONCE DE LEON BLVD.
205
CORAL GABLES, FL 33134**Current Mailing Address:**1607 PONCE DE LEON BLVD.
205
CORAL GABLES, FL 33134 US**FEI Number:** 56-2381056**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYCE COUNTRY CORPORATION
31 SE 5TH. STREET
2209
MIAMI, FL 33131 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	TOSELLI, JUAN R
Address	1607 PONCE DE LEON BLVD. STE. 205
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TOSELLI, JUAN C
Address	1607 PONCE DE LEON BLVD. STE. 205
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TOSELLI, VICTOR A
Address	1607 PONCE DE LEON BLVD. STE. 205
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TOSELLI, GABRIEL A
Address	1607 PONCE DE LEON BLVD. STE. 205
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TOSELLI, GUILLERMO A
Address	1607 PONCE DE LEON BLVD. STE. 205
City-State-Zip:	CORAL GABLES FL 33134

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: TOSELLI , JUAN R

P

04/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date