

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-09-2006 90041 045 ***158.75
02-02-2006 90038 021 ****43.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000137336 1. Entity Name FANTASY VACATION OF USA, INC. FANTASY MARKETING OF USA, INC.			
Principal Place of Business 5401 COLLINS AVE CU-11 MIAMI BEACH, FL 33140		Mailing Address 5401 COLLINS AVE CU-11 MIAMI BEACH, FL 33140	
2. Principal Place of Business 5401 Collins Ave Suite, Apt. #, etc. CU 11B City & State Miami Beach, FL Zip 33140-5525		3. Mailing Address Same as Principal Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 75-3169561		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COHEN, VIOLETA 5333 COLLINS AVE ART 406 MIAMI, FL 33140		7. Name and Address of New Registered Agent Name Sancho Quintero, Jenileiss Street Address (P.O. Box Number is Not Acceptable) 5401 Collins Ave suite CU11B Miami Beach, FL FL 33140-5525	
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 <u><i>Violeta Cohen</i></u> 01/03/2006 Signature, print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, VIOLETA 5401 COLLINS AVE CU-11 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sancho Quintero, Jenileiss 5401 Collins Ave suite CU11B Miami Beach FL 33140-5525 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZALDIVAR, MIGUEL 15242 NW 88 PL MIAMI LAKES, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cohen Violeta 1311 NE 19TH PL Cape Coral, FL 33909 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s/t Ortega, Guillermo 5333 Collins Ave apt 406 Miami Beach FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 all other like empowered.			
SIGNATURE: <u><i>Violeta Cohen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/03/2006 3055067377 Date Daytime Phone #	

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ATTACHMENT
60010356
P-04000137336
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fantasy Vacation of USA, Inc.

DOCUMENT NUMBER: P-04000137336

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Violeta Cohen
(Name of Contact Person)

Fantasy Vacation of USA
(Firm/ Company)

5401 Collins Ave CU 11 B
(Address)

MIAMI BEACH, FL. 33140
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jenileiss Sancho at (305) 506-7377
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT

160010356
#P04000137336
Articles of Amendment

to
Articles of Incorporation
of

FANTASY VACATION OF USA, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P-04000137336

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

FANTASY MARKETING OF USA, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE V

"ADD" PRESIDENT

JENILEISS SANCHO QUINTERO

5401 COLLINS AVE SUITE C111 D MIAMI BEACH, FL 33140

"ADD" VICE PRESIDENT

VIOLETA COHEN 1311 NE 19 PL CAPE CORAL, FL 33909

"ADD" SECRETARY/TREASURER

GUILLERMO ORTEGA 5333 COLLINS AVE. APT 406 MIAMI BEACH, FL 33140

"DELETE" PRESIDENT

VIOLETA COHEN 1311 NE 19 PL CAPE CORAL, FL 33909

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

ATTACHMENT

60010356
P0400013733C

The date of each amendment(s) adoption: 01/01/06

Effective date if applicable: 01/01/06
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Violeta Cohen

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35