2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P04000137336 04-28-2008 90360 015 ***150.00 FANTASY VACATION OF USA, INC. Principal Place of Business Mailing Address 5901 NW 151 ST 5901 NW 151 ST SUITE 103 SUITE 103 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15476 NW 77 Th Court 15476 WW 77Th Court 04162008 CR2E034 (12/06) 4. FEI Number Applied For 75-3169561 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tenfleiss Sancho C SANCHO QUINTERO, JENILEISS Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151 ST **SUITE 103** 6 NW 77Th Cour MIAMI LAKES, FL 33014 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity su of rehister nclus Quintero SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Addition TITLE TITLE ☐ Change ORTEGA, GUILLERMO NAME NAME 5901 NW 151 ST SUITE 103 STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITE SANCHO QUINTERO, JENILEISS NAME NAME 5901 NW 151 ST SUITE 103 STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change Addition NAME COHEN, VIOLETA NAME 1311 NW 19TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information In 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 repetive or trusted 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 aylachi SIGNATURE:

FILED