


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90060 008 ***158.75

DOCUMENT # P06000108129

1. Entity Name
 SUMMER VACATIONS SERVICES, INC.



Principal Place of Business
 13434 SW 90 TERR
 MIAMI, FL 33186

Mailing Address
 13434 SW 90 TERR
 MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5477629

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

JIMENEZ, GONZALO F
 13434 SW 90 TERR
 MIAMI, FL 33186

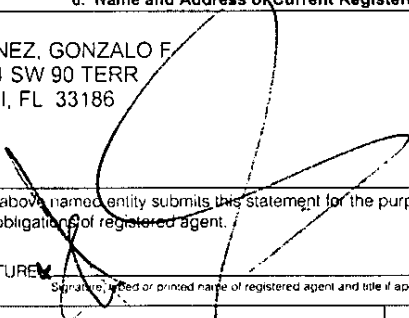
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **2/27/07**

(NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

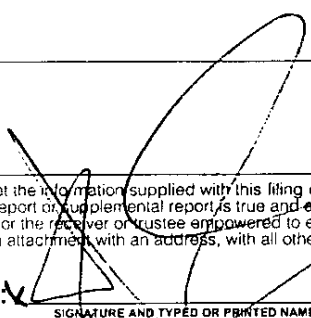
TITLE	P	<input type="checkbox"/> Delete
NAME	JIMENEZ, GONZALO F	
STREET ADDRESS	13434 SW 90 TERR	
CITY-STATE-ZIP	MIAMI, FL 33186	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODRIGO, RICARDO E	
STREET ADDRESS	1602 NISSON RD AA-2	
CITY-STATE-ZIP	TUSTIN, CA 92780	
TITLE	S	<input type="checkbox"/> Delete
NAME	JIMENEZ, CLEOFE N	
STREET ADDRESS	13434 SW 90 TERR	
CITY-STATE-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

VPS
 CLEOFE N. Jimenez
 13434 SW 90 TERR
 MIAMI FL 33186

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 reports 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  DATE **2/27/07** DAYTIME PHONE # **305-3854630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR