


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # **P09000093397**
1. Entity Name
Master Key Vacation Management Incorporated



FILED
11 JUN -9 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
6382 DAYS BROOK DR -
Suite, Apt. #, etc.
107

3. Mailing Address
P.O. BOX 363
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
WINDERMERE, FL

4. FEI Number
38-3806323

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

Zip **32835** Country **USA** Zip **34786** Country **USA**

CR2E034B (1/11)

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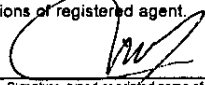
7. Name and Address of Current Registered Agent

Name
MARGARET MONTANO

Street Address (P.O. Box Number is Not Acceptable)
6382 DAYS BROOK DR # 107

City **ORLANDO, FL 32835 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 **4/30/2011**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
FVDREAMS@HOTMAIL.COM
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLOS SOTO
6382 DAYS BROOK DR # 107
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARGARET MONTANO
6382 DAYS BROOK DR # 107
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

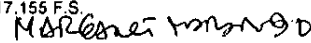
TITLE
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CITY-ST-ZIP

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800207338068
05/03/11 8:00 AM \$150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:  DATE **4/30/2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #