


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000028368

1. Entity Name
PROFESSIONAL VACATIONS, INC.



Principal Place of Business Mailing Address

6550 SW 39 STREET 6550 SW 39 STREET
 B B
 DAVIE FL 33314 DAVIE FL 33314
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0484987** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BLUTSTEIN, GEORGE J ESQ
4700 B SHERIDAN STREET
HIALEAH FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	FELLER, LOUISE	
STREET ADDRESS	12250 NW 5TH ST	
CITY - ST - ZIP	PLANTATION FL 33325	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEYER, GUNTHER	
STREET ADDRESS	11405 NORTH BAYSHORE DRIVE	
CITY - ST - ZIP	NORTH MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, WENDY H	
STREET ADDRESS	10180 SW 1 COURT	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEYER, BETSY	
STREET ADDRESS	1651 SW 32 CT	
CITY - ST - ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

000000052386 Change Addition
 02/16/04-80089-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *[Handwritten Signature]* Date: **2/9/04** Daytime Phone #: **954 452 0672**