

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028368

FILED
Jan 29, 2008
Secretary of State

Entity Name: PROFESSIONAL VACATIONS, INC.

Current Principal Place of Business:

6191 ORANGE DRIVE
6173-L
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

6191 ORANGE DRIVE
6173-L
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0484987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELLER, LOUISE
Address: 12250 NW 5TH ST
City-St-Zip: PLANTATION, FL 33325

Title: VP () Delete
Name: MEYER, GUNTHER
Address: 11405 NORTH BAYSHORE DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: S () Delete
Name: COHEN, WENDY H
Address: 10180 SW 1 COURT
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: MEYER, BETSY
Address: 1651 SW 32 CT
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE FELLER

PRES

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date