


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 041 ***150.00

DOCUMENT # P94000083506

1. Entity Name
BERKLEY VACATION RESORTS, INC.



Principal Place of Business 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308 US	Mailing Address 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308 US
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0547929	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 N OCEAN BLVD
#121
FT LAUDERDALE, FL 33308

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OTTINO, J.P. 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOSTER, REBECCA A 3015 N OCEAN BLVD SUITE 121 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LANDAU, MARC 3015 N OCEAN BLVD SUITE 121 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Rebecca A Foster 4/29/05 954.563.2444

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____