

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055653

FILED
May 03, 2009
Secretary of State

Entity Name: ESCALA VACATIONS, CORP.

Current Principal Place of Business:

2332 GALIANO STREET
2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2332 GALIANO STREET
2ND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0763342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAWAD, SUSANA
2475 BRICKELL AVENUE
2603
MIAMI, FL 33129 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAWAD, SUSANA
Address: 2475 BRICKELL AVE, # 2603
City-St-Zip: MIAMI, FL 33129

Title: VS () Delete
Name: MAWAD, VANESSA
Address: 2475 BRICKELL AVE # 2603
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VANESSA MAWAD

D

05/03/2009

Electronic Signature of Signing Officer or Director

Date