

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000097074

**Entity Name:** CAREVACATIONS USA INC.

**Current Principal Place of Business:**

3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 59-3760060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            RENAUD, KERRY  
Address        3321 SOUTH ANDREWS AVENUE # 26  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            CEO  
Name            MEAGHER, LEE  
Address        3321 SOUTH ANDREWS AVE #26  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            CEO  
Name            MEAGHER, LEE  
Address        83 WATERBURY DRIVE  
City-State-Zip: WINNIPEG, MB R3P JR6 AL

Title            P  
Name            RENAUD, KERRY  
Address        471 ASG STREET  
City-State-Zip: WINNIPEG, MB R3N 0RJ AL

*I hereby 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 all other like empowered.*

**SIGNATURE: KERRY RENAUD**

**PRESIDENT**

**02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date