

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109947

**Entity Name:** FINEST VACATION INC

**Current Principal Place of Business:**

80 SOUTH SHORE DRIVE  
303  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

80 SOUTH SHORE DRIVE  
303  
MIAMI BEACH, FL 33141 US

**FEI Number:** 20-2899761

**Certificate of Status Desired:** No

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

CHIARA, PATRICIA I  
80 SOUTH SHORE DRIVE  
303  
MIAMI BEACH, FL 33141 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            CHIARA, PATRICIA I  
Address        80 SOUTH SHORE DRIVE APT # 303  
City-State-Zip: MIAMI BEACH FL 33141

Title            VICE  
Name            CHIARA, PATRICIA I  
Address        80 SOUTH SHORE DRIVE APT # 303  
City-State-Zip: MIAMI BEACH FL 33141

Title            SECR  
Name            CHIARA, PATRICIA I  
Address        80 SOUTH SHORE DRIVE # 303  
City-State-Zip: MIAMI BEACH FL 33141

Title            TREA  
Name            CHIARA, PATRICIA I  
Address        80 SOUTH SHORE DRIVE # 303  
City-State-Zip: MIAMI BEACH FL 33141

*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:** CHIARA , PATRICIA I

**PRESIDENT**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date