


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90255 016 ***150.00

DOCUMENT # 853108 1. Entity Name JAMAICA VACATIONS LIMITED, INC.					
Principal Place of Business 3785 NW 82 AVE STE 403 MIAMI, FL 33166 US			Mailing Address 3785 NW 82 AVE STE 403 MIAMI, FL 33166 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2225449	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARRETT, MARLENE 3785 NW 82 AVE STE 403 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name PAMELA RICKETTS Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82ND AVNEUE #403 City MIAMI FL Zip Code 33166	
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 <u><i>Pamela Ricketts</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/7/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, JOHN 5-7 DUNROBIN AVENUE KINGSTON 10, JAMAICA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. PAUL PENNICOOK 64 KNUTSFORDL BLVD. KINGSTON 5, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOLEY, PAUL 686 HALF MOON ST, BOX 227 MONTEGO BAY, JA	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MR. KEN ARTHUR MITCHELL MR. KEN ARTHUR MITCHELL 10 HOLBORN ROAD, SUITE #3 KINGSTON 10, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMEL, ALLEN THE ATRIUM 32 TRAFALGAR RD KGN 10,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. ANDREW TULLOCH 64 KNUTSFORD BLVD. 3RD FLOOR KINGSTON 5, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBSON, CLIVE 5 MONTCLAIR TERRACE KINGSTON 6, JAMAICA,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. MICHAEL GRANDISON NORMAN MANLEY BLVD. NEGRIL, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHAM, NICOLE 38 WIDCOMBE RD KINGSTON 6, JA	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MS. MILLICENT LYNCH GREGORY PARK ST.CATHERINE, JAMAICA W.I.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKSON, KEVIN C/O COURTLEIGH HOTEL KINGSTON, JA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MS. VANA TAYLOR PINEAPPLE PLACE, OCHO RIOS ST. ANN, JAMAICA W.I.
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 another like empowered.					
SIGNATURE: <u><i>Pamela Ricketts</i></u> PAMELA RICKETTS DATE <u>4/7/04</u> 305-597-5700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

44065733



01132004 Chg-P CR2E034 (10/03)

Attachment
#853108
44025735

DOCUMENT # 853108

JAMAICA VACATIONS LIMITED, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (CONTINUED)

TITLE	D
NAME	MR. GARTH GIBSON
STREET ADDRESS	30 NATIONAL HEROES CIRCLE
CITY-ST-ZIP	KINGSTON 4, JAMAICA W.I.

TITLE	OFFICER
NAME	PAMELA RICKETTS
STREET ADDRESS	3785 NW 82ND AVENUE #403
CITY-ST-ZIP	MIAMI, FLORIDA 33166