

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 045 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2225449

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICKETTS, PAMELA
3785 NW 82 AVE STE 403
MIAMI, FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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, ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN
PAUL PENNICOOKE
64 KNUTSFORD BLVD
KINGSTON 5, JAMAICA W.I. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DMD
MITCHELL, KEN ARTHUR MR.
610 HOLBORN RD STE #3
KINGSTON S, JAMAICA W.I., ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
OHENG BLAKE
37 ARNOLD ROAD
KINGSTON 5, JAMAICA W.I. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TULLOCH, ANDREW MR.
64 KNUTSFORD BLVD 3RD FLOOR
KINGSTON 5, JAMAICA W.I., ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
JASON HENZELL
CALABASH BAY
TREASURE BCH, JAMAICA W.I. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANDISON, MICHAEL MS.
NORMAN MANLEY BLVD.
NECRIL, JAMAICA W.I., ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CAROLYN WRIGHT
NORMAN MANLEY BLVD
NEARIL P.O. JAMAICA W.I. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LYNCH, MILLICENT MS.
GREGORY PARK
ST. CATHERINE, JAMAICA W. I., ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDRICKSON, KEVIN
C/O COURTLEIGH HOTEL
KINGSTON, JA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
JENNIFER GRIFFITH
64 KNUTSFORD BLVD
KINGSTON 5, JAMAICA W.I. ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: **PAMELA RICKETTS** **4/3/06** **305-597-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #