

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90335 014 ***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 - No P.O. Box # 10171 S.W. 154 Cir Ct Suite, Apt. #, etc. #101		3. Mailing Address 10171 S.W. 154 Cir Ct Suite, Apt. #, etc. #101			
City & State Miami Florida		City & State Miami FL		4. FEI Number 59-2225449	
Zip 33196		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICKETTS, PAMELA 3785 NW 82 AVE STE 403 MIAMI, FL 33166 10171 S.W. 154 Cir Ct #101 Miami FL 33196			7. Name and Address of New Registered Agent 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 <u><i>Pamela Ricketts</i></u> 4/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	C PENNICOKE, PAUL 64 KNUTSFORD BOULEVARD KINGSTON 5, JAMAICA W.I.,	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, OHENG 37 ARNOLD ROAD KINGSTON 5, JAMAICA W.I.,	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HENZELL, JASON CALABASH BAY TREASURE BEACH JAMAICA W.I.,	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CAROLYN NORMAN MANLEY BOULEVARD NEARIL, P.O. JAMAICA W.I.,	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, MILLICENT MS. GREGORY PARK ST. CATHERINE, JAMAICA W. I.,	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, JENNIFER 64 KNUTSFORD BOULEVARD KINGSTON 5, JAMAICA W.I., JA	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Pamela Ricketts</i></u> 4/11/07 305-388-5702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					