2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # F0300000359 1. Entity Name				The second	Apr 21, 2005 08:00 AM Secretary of State
VACATION WHOLESALER, INC.		_			Secretary of State
Principal Plac	e of Business	Mailing Address			
C/O CLUB MED 75 VALENCIA AVENUE CORAL GABELS FL 33134		C/O CLUB MED 75 VALENCIA AVENUE CORAL GABELS FL 33134			
		3			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 14-1861544 Applied For Not Applicable
Zip	Country	Zip	Country	,	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				ame	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY					
120	1 HAYS STREET LAHASSEE FL 32301-2525	Street Address		reet Address (i	P.O. Box Number is Not Acceptable)
IAL	LANASSEE FL 32301-2525				
			Ci	ty	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 terrisiating) DATE					
*	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00				9. Election Campaign Financing \$5.00 May Be
	k Payable to Florida Department of				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	POSTIC, ALAIN	☐ Delete	TITLE NAMÉ		☐ Change ☐ Additio
STREET ADDRESS	C/O 75 VALENCIA AVENUE		STREET ADD	E .	000000321213 04/21/05-80068-021 158.75
CITY-ST-ZIP TITLE	CORAL GABLES FL 33134	☐ Delete	CHY-SI-ZI	P	
NAME	KIRSCH, EILEEN M	LI Delete	NAME		☐ Change ☐ Additio
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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 all other like empowered.

SIGNATURE:

SIGNATURE: _

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR