

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

192

DOCUMENT # F03000000359

1. Entity Name  
VACATION WHOLESALER, INC.



06 JUL 19 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800077736768



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
14-1861544

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

DO NOT WRITE  
IN THIS SPACE

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)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTCD  
POSTIC, ALAIN  
C/O 75 VALENCIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
KIRSCH, EILEEN M  
C/O 75 VALENCIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
KIRSCH, EILEEN M  
C/O 75 VALENCIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

*Eileen M. Kirsch* Eileen M. Kirsch

Date

Daytime Phone #

(305) 925-9205



CORPORATION SERVICE COMPANY

292

RECEIVED

06 JUL 19 PM 2:34

ACCOUNT NO. : 072100000032

REFERENCE : 252846 5030837

AUTHORIZATION :

COST LIMIT : \$ 558.75

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : July 19, 2006

ORDER TIME : 12:58 PM

ORDER NO. : 252846-005

CUSTOMER NO: 5030837

ANNUAL REPORT FILING

NAME: VACATION WHOLESALER, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris - Ext. 2937

EXAMINER'S INITIALS:

DC  
7/19/06