

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000004537

1. Entity Name  
VIP RENTAL ESCAPES, INC.



Principal Place of Business  
79 GRASMERE STREET  
NEWTON, MA 02458

Mailing Address  
79 GRASMERE STREET  
NEWTON, MA 02458



02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0951317

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000082250  
03/09/04-80022-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MONTOYA, JORGE
STREET ADDRESS	79 GRASMERE ST.
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	VP
NAME	MONTOYA, SARAH
STREET ADDRESS	2080 SOUTH OCEAN DR. UNIT MPH 03
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	PAGANI, LEE
STREET ADDRESS	79 GRASMERE STREET
CITY-ST-ZIP	NEWTON, MA 02458
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 exemption stated in Section 19.07(3)(f), 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: Jorge Montoya  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/5/04  
Date

✓ 617-201-8033  
Daytime Phone #