

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90014 001 \*\*\*150.00

**DOCUMENT # F03000005954**

1. Entity Name  
VACATION CLUB SERVICES, INC.



Principal Place of Business  
800 BRICKELL AVE, STE 1000  
MIAMI, FL 33131

Mailing Address  
800 BRICKELL AVE, STE 1000  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0445135

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	CP
NAME	SERVERA, ONOFRE
STREET ADDRESS	GREMIO TONELEROS 24, POLIGONO SON CASTELLO
CITY- ST- ZIP	PALMA DE MALLORCA, SPAIN.

TITLE	DS
NAME	GERONDEAU, ANDRE P
STREET ADDRESS	800 BRICKELL AVE, STE 1000
CITY- ST- ZIP	MIAMI, FL 33131

TITLE	T
NAME	DEL RIO, GERARDO
STREET ADDRESS	800 BRICKELL AVE, STE 1000
CITY- ST- ZIP	MIAMI, FL 33131

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: ANDRE P. GERONDEAU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/06  
Date

(305) 909 8305  
Daytime Phone #