


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F42296 1. Entity Name UNIQUE VACATIONS, INC.	
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Principal Place of Business
4950 SW 72ND AVE
2ND FLOOR
MIAMI, FL 33155 US

Mailing Address
4950 SW 72ND AVE
2ND FLOOR
MIAMI, FL 33155 US



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2120418	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIAN MAIR
4950 SW 72ND AVE
2ND FLOOR
MIAMI, FL 33155

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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	D MAIR, BRIAN 4950 SW 72ND AVE 2ND FLOOR MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMANNA, MICHAEL 4950 SW 72ND AVE 2ND FLOOR MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROEMMING, KEVIN 4950 SW 72 AVE 2ND FLOOR MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: Brian Mair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07
Date

305-627-0230
Daytime Phone #