

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42296

FILED  
Feb 18, 2010  
Secretary of State

Entity Name: UNIQUE VACATIONS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2120418      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAIR, BRIAN  
Address: 4950 SW 72ND AVE 2ND FLOOR  
City-St-Zip: MIAMI, FL 33155

Title: S  
Name: LAMANNA, MICHAEL  
Address: 4950 SW 72ND AVE 2ND FLOOR  
City-St-Zip: MIAMI, FL 33155

Title: P  
Name: FROEMMING, KEVIN  
Address: 4950 SW 72 AVE 2ND FLOOR  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MAIR

D

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date