

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 PM 1:55

DOCUMENT # L50672

1. Entity Name
PREMIER VACATIONS, INC.



Principal Place of Business
3865 WEST CHEYENNE AVE
NORTH LAS VEGAS, NV 89032 US

Mailing Address
3865 WEST CHEYENNE AVE
NORTH LAS VEGAS, NV 89032 US

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3039840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	WEST, STEVEN E
STREET ADDRESS	3865 W. CHEYENNE AVE.
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032
TITLE	V
NAME	GENNUSO, ANDREW
STREET ADDRESS	3865 WEST CHEYENNE AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032
TITLE	S
NAME	BAUMAN, FREDERICK C
STREET ADDRESS	3865 W. CHEYENNE AVE.
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032
TITLE	DV
NAME	WEST, STEVEN E
STREET ADDRESS	3865 WEST CHEYENNE AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032
TITLE	DP
NAME	BENSON, NICHOLAS J
STREET ADDRESS	3865 WEST CHEYENNE AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500049350165
03/29/05--01036--015 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Frederick C Bauman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2005
Date

Daytime Phone #