2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM DOCUMENT # M30344 **Secretary of State** SUNSATIONAL VACATIONS, INC. Principal Place of Business. Mailing Address 1745 NE 124TH STREET 1745 NE 124TH STREET N. MIAMI. FL 33181 N. MIAMI, FL 33181 CR2E034 (11/05) 01102008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2676487 Not Applicable. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAHFOOD, JOAN C. **1745 NE 124TH STREET** N. MIAMI, FL 33181 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIT FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAHFOOD, JOAN C. NAME STREET ADDRESS 1745 NE 124TH STREET N. MIAMI, FL 33181 CITY-ST-ZIP TITLE U00000788523 NAME 01/18/08-80044-022 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-893-5580.