2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000092041

1. Entity Name FANTASY VACATIONS, INC.

Principal Place of Business

Mailing Address

481 S. FEDERAL HWY DANIA, FL 33004 21394 MARINA COVE CIR, H-13 AVENTURA, FL 33180

FILED Jul 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number Acplied For 65-1043017 Not Applicable

5. Certificate of Status Desired ___ []

07072004

\$8.75 Additional Fee Required

CR2E034 (10/03)

Name and Address of Current Registered Agent
 WITRERA, P.A.

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

No Chg-P

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 great end title if applicable (NOTE Registered Agent signature required whey reinteding) OATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GODOFSKY, HOWARD C 21394 MARINA COVE CIR, H-13 MIAMI, FL 33180				.
TITLE NAME STREET ADDRESS CHY-ST-ZIP				(U000001E5849 07/12/04-80030-007 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP			•	DO	NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_
TITLE MAME STREET ADDRESS CITY-ST-ZIP			• •	·· · · · · -	_
12. I hereby certify that the information supplied with this filling 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 path; 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 gilber like empowered.					

Howard Godotsky, Pro.