## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000092735

Title:

Name:

Address:

City-St-Zip:

Entity Name: ONLINE VACATION HOLDINGS, INC

() Delete

JOSOWITZ, BRENDA

PLANTATION, FL 33313

1801 NW 66 AVE SUITE 102

FILED Mar 23, 2009 Secretary of State

Littly Nan	ie. Online v	ACATION FIOLDINGS, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
1801 NW 6 SUITE 102 PLANTATIO	6 AVE DN, FL 333134	534					
Current Mailing Address:			New Mailing Address:				
1801 NW 6 SUITE 102 PLANTATIO	6 AVE DN, FL 333134	534					
FEI Number:	65-1044710	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	d()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
1801 NW 6 SUITE 102	EDWARD B 6 AVE. DN, FL 33313	US					
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered	office or registered agent,	or both,	
SIGNATUR							
Fl 4: 0		Signature of Registered Ager	nt		Date		
Election Cam	ipaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () I RUDNER, EDWA 1801 NW 66 AVE PLANTATION, FL	SUITE 102	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ST () I RUDNER, RALPH 1801 NW 66 AVE PLANTATION, FL	SUITE 102	Title: Name: Address: City-St-Zip:	RUDNER, RA	AVE SUITE 102		
Title: Name: Address: City-St-Zip:	ST () I RUDERMAN, MA 1801 NW 66 AVE PLANTATION, FL	SUITE 102	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY LOU RUDERMAN ST 03/23/2009

(X) Change ( ) Addition

JOSOWITZ, BRENDA

PLANTATION, FL 33313

1801 NW 66 AVE SUITE 102