

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101097

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BRACOL STYLE OF VACATION CO.

## Current Principal Place of Business:

6825 VISTORS CIRCLE  
HOTEL CONTINENTAL PLAZA  
ORLANDO, FL 32819

## New Principal Place of Business:

6825 VISITORS CIRCLE  
HOTEL CONTINENTAL PLAZA  
ORLANDO, FL 32819

## Current Mailing Address:

6825 VISTORS CIRCLE  
HOTEL CONTINENTAL PLAZA  
ORLANDO, FL 32819

## New Mailing Address:

6825 VISITORS CIRCLE  
HOTEL CONTINENTAL PLAZA  
ORLANDO, FL 32819

FEI Number: 59-3679255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORO, RUBEN D  
7345 SAND LAKE ROAD  
SUITE 201  
ORLANDO, FL 32819 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: P ( ) Delete  
Name: PEREIRA, ROSANA  
Address: 4419 S. KIRKMAN APT #202  
City-St-Zip: ORLANDO, FL 32811

Title: S (X) Delete  
Name: PEREIRA, ROSANA  
Address: 4419 S. KIRKMAN APT #202  
City-St-Zip: ORLANDO, FL 32811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: PEREIRA, ROSANA  
Address: 7761 MURCOTT CIR.  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ROSANA PEREIRA

DPST

04/30/2004

Electronic Signature of Signing Officer or Director

Date