

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061790

Entity Name: MINNIE VACATIONS, INC.

FILED
Feb 23, 2004
Secretary of State

Current Principal Place of Business:

1444 BISCAYNE BLVD SUITE 160-29
MIAMI, FL 33113

New Principal Place of Business:

1800 W 49 STREET,
232
HIALEAH, FL 33012

Current Mailing Address:

9900 STIRLING RD
211
HOLLYWOOD, FL 33024

New Mailing Address:

1800 W 49 STREET2,
232
HIALEAH, FL 33012

FEI Number: 65-1117954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, FERNANDO
9900 STIRLING RD
STE 211
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

LX INTERNATIONAL, CORP
1800 W 49 STREET
232
HIALEAH, FL 33012 US

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: EDGARDO ACOSTA

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIELDS, YAMILE
Address: 9900 STIRLING RD. STE 211
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHIELDS, YAMILE
Address: 1800 W 49 STREET STE.232
City-St-Zip: HIALEAH, FL 33012 US

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: YAMILE SHIELDS

PD

02/23/2004

Electronic Signature of Signing Officer or Director

Date