

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089633

Entity Name: DAYS RESORT, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVE, SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

1000 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

Current Mailing Address:

P.O. BOX 611510
NORTH MIAMI, FL 332611510

New Mailing Address:

FEI Number: 65-1139340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ.
18851 NE 29TH AVE, SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROUSSO, MARK E ESQ.
1000 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 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: MARK E. ROUSSO

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: GROSSKOPF, MANUEL
Address: 18851 NE 29TH AVE #722
City-St-Zip: AVENTURA, FL 33180

Title: STD () Delete
Name: BARSKY, FELIPE
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: DV () Delete
Name: FISCHER, WALTER
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: GROSSKOPF, MANUEL
Address: 1000 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD (X) Change () Addition
Name: BARSKY, FELIPE
Address: 1000 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DV (X) Change () Addition
Name: FISCHER, WALTER
Address: 1000 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

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.

SIGNATURE: MANUEL GROSSKOPF

PVD

04/16/2009

Electronic Signature of Signing Officer or Director

Date