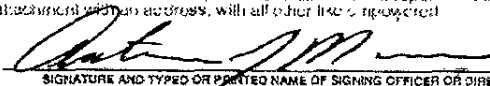


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000032720					
1. Entity Name I TAND S VACATION, INC					
Principal Place of Business 4995 NW 79 AVE SUITE 109 MIAMI, FL 33166 US			Mailing Address 4995 NW 79 AVE SUITE 109 MIAMI, FL 33166 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 02032004			Chg-P CR2E034 (10/03)		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORENO, ANTONIO J MR 4995 NW 79 AVE SUITE 109 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 changes or registered agent.					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
10.1 NAME STREET ADDRESS CITY & STATE ZIP	P MORENO, ANTONIO J MR 4995 NW 79 AVE, SUITE 109 MIAMI, FL 33166	☐ Delete	11.1 NAME STREET ADDRESS CITY & STATE ZIP	U000000042058 02/10/04-80007-015 150.00	
10.2 NAME STREET ADDRESS CITY & STATE ZIP		☐ Delete	11.2 NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition	
10.3 NAME STREET ADDRESS CITY & STATE ZIP		☐ Delete	11.3 NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition	
10.4 NAME STREET ADDRESS CITY & STATE ZIP		☐ Delete	11.4 NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition	
10.5 NAME STREET ADDRESS CITY & STATE ZIP		☐ Delete	11.5 NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition	
10.6 NAME STREET ADDRESS CITY & STATE ZIP		☐ Delete	11.6 NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 of this report or in an attachment with an address, with all other lines empowered.					
SIGNATURE: 			2/3/04 305-471-8663		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTONIO J MORENO					