2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90360 015 ***150.00

DOCUMENT # P04000137336

1. Entity Name
FANTASY VACATION OF USA, INC.

Principal Place of Business	Mailing Address
5901 NW 151 ST SUITE 103 MIAMI LAKES, FL 33014	5901 NW 151 ST SUITE 103 MIAMI LAKES, FL 33014

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15476 NW 77Th Court	15476 NW 77Th Court
Suite, Apt. #, etc.: Suite #174	Suite, Apt. #, etc.: Suite #174
City & State: Miami Lakes FL	City & State: Miami Lakes FL
Zip: 33016 Country: Dade	Zip: 33016 Country: Dade

4. FEI Number: 75-3169561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHO QUINTERO, JENILEISS
5901 NW 151 ST
SUITE 103
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name: Jenileiss Sancho Quintero

Street Address (P.O. Box Number is Not Acceptable)

15476 NW 77Th Court suite #174

City: Miami Lakes FL Zip Code: 33016

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 obligations of registered agent.

SIGNATURE: Jenileiss Sancho Quintero President 04/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ORTEGA, GUILLERMO 5901 NW 151 ST SUITE 103 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHO QUINTERO, JENILEISS 5901 NW 151 ST SUITE 103 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, VIOLETA 1311 NW 19TH PL CAPE CORAL, FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jenileiss Sancho Quintero President 04/23/08 3055067377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #