

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000074491

**FILED**  
**Feb 01, 2008**  
**Secretary of State**

**Entity Name:** VACATION VILLA RENTALS & MANAGEMENT, INC.

**Current Principal Place of Business:**

3525 VALLEYVIEW DR.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3525 VALLEYVIEW DR.  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 20-5004744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOHOLEK, PATTI  
3525 VALLEYVIEW DR.  
KISSIMMEE, FL 34746 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOHOLEK, PATTI  
Address: 3502 SUNSET ISLES BLVD  
City-St-Zip: KISSIMMEE, FL 34746

Title: V (X) Delete  
Name: PACIENZA, VINCENZO  
Address: 3502 SUNSET ISLES BLVD.  
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Delete  
Name: PACIENZA, FRANCESCO M  
Address: 3502 SUNSET ISLES BLVD  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS (X) Change ( ) Addition  
Name: HOHOLEK, PATTI J  
Address: 3525 VALLEYVIEW DR  
City-St-Zip: KISSIMMEE, FL 34746

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

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

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: PATTI J HOHOLEK

MS

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date