

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000148313

FILED
Dec 06, 2007
Secretary of State

Entity Name: VACATION PROCESSING SERVICES, INC.

Current Principal Place of Business:

6911 NW 87 AVE - BM 133
MIAMI, FL 33178

New Principal Place of Business:

6100 BLUE LAGOON DRIVE
SUITE 335
MIAMI, FL 33126

Current Mailing Address:

6911 NW 87 AVE - BM 133
MIAMI, FL 33178

New Mailing Address:

6100 BLUE LAGOON DRIVE
SUITE 335
MIAMI, FL 33126

FEI Number: 20-5994369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, ALFREDO L ESQ
2525 PONCE DE LEON BLVD
STE 400
CORAL GABLES, FL 33134 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: ALFREDO GONZALEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLUSSI, ETTORE
Address: 7911 NW 87 AVE - BM 133
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: BLANCO, RAFAEL
Address: 7911 NW 87 AVE - BM 133
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: CUTRI, TOMMASO
Address: 7911 NW 87 AVE - BM 133
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GILDA NOBOA

DR

12/06/2007

Electronic Signature of Signing Officer or Director

Date