2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

DOCUMENT # P07000065905 FORT LAUDERDALE LUXURY RENTALS, INC. Mailing Address Principal Place of Business 40033260 2501 E COMMERCIAL BLVD SUITE 101 2501 E COMMERCIAL BLVD SUITE 101 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # Mailing Address 2734 E. Oakland PK Blud <u>1734 E. Daklona PK Blud</u> Suite, Apt. #, etc. SHC 106 Suite, Apt. #, etc. CR2E034 (12/06) 02202008 Chg-P SH 106 4. FEI Number 59919 Applied For City & State City & State auderdale auderda/e Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sakanikas TSAKANIKAS, GEORGE K 2501 E COMMERCIAL BLVD SUITE 101 FT LAUDERDALE, FL 33308 entily 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 8. The above name the obligations stered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change : Addition Delete TITLE TSakanikas, Andrea 2734 E. Oakland PK Blud., Ste 106 NAME TSAKANIKAS, ANDREA NAME 2501 E COMMERCIAL BLVD SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP Lauderdale FL 33306 CITY-ST-ZIP FT LAUDERDALE, FL 33308 ☐ Delete TITLE Change Addition TITLE Bakanikas George K. TSAKANIKAS, GEORGE K NAME NAME 2734 E. DaKland PK Blud, Ste 106 2501 E COMMERCIAL BLVD SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP auderdale FL 33300 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receive 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 an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-630-1300