FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000105635

1. Entity Name

RESORT VACATIONS NETWORK, INC.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5600 SW 135 AVENUE	5600 SW 135 AVENUE
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Miami, FL	City & State: Miami, FL
Zip: 33183 Country: US	Zip: 33183 Country: US

4. FEI Number: 26-1250954 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TORRES, LUIS

Street Address (P.O. Box Number is Not Acceptable): 5600 SW 135 AVENUE

STE. 210

City: Miami FL Zip Code: 33183

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: Luis S. Torres 06/30/2011

Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when re-instating] DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	TORRES, LUIS
STREET ADDRESS	5600 SW 135 AVENUE SUITE 210
CITY-ST-ZIP	MIAMI, FLORIDA, 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

* SIGNATURE: Luis S. Torres 06/30/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #