

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO70001050235	
1. Entity Name Resort Vacations Network, Inc.	

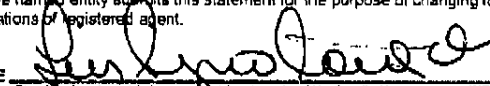
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 5600 SW 135 AVENUE		3. Mailing Address 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

CR2E034B (1/11)

4. FEI Number 26-1250954	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

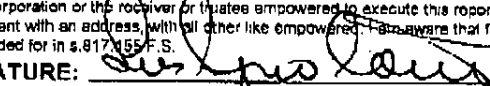
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name TORRES, Luis	
	Street Address (P.O. Box Number is Not Acceptable) 5600 SW 135 AVENUE	
	STE. 210	
	City Miami	FL Zip Code 33183

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	DATE 06/30/2011

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 ☐ \$5.00 May Be Trust Fund Contribution. Added to Fees	E-mail Address: E-mail address to be used for future annual report notices
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT TORRES, Luis 5600 SW 135 AVENUE SUITE 210 MIAMI, FLORIDA 33183
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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 § 817.055 F.S.		
SIGNATURE: 	Luis S. Torres	DATE 06/30/2011