

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112054

Entity Name: FLYSCAPE VACATION, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

2423 SW 147TH AVENUE
SUITE #175
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

2423 SW 147TH AVENUE
SUITE #175
MIAMI, FL 33185

New Mailing Address:

FEI Number: 26-1225454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, EUGENIO MR.
2423 SW 147TH AVENUE
SUITE #175
MIAMI, FL 33185 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, ANEYDA MRS.
Address: 2423 SW 147TH AVENUE, SUITE #175
City-St-Zip: MIAMI, FL 33185

Title: SEC. () Delete
Name: DIAZ, ANEYDA MRS
Address: 2423 SW 147TH AVENUE, SUITE #175
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, EUGENIO MR
Address: 2423 SW 147TH AVENUE, SUITE #175
City-St-Zip: MIAMI, FL 33185

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: EUGENIO DIAZ

P

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date