

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000123613

FILED
Dec 03, 2009
Secretary of State**Entity Name:** PRO VACATION RENTALS, INC**Current Principal Place of Business:**4769 W IRLO BRONSON MEM HIGHWAY, STE B
KISSIMMEE, FL 34746**New Principal Place of Business:****Current Mailing Address:**4769 W IRLO BRONSON MEM HIGHWAY, STE B
KISSIMMEE, FL 34746**New Mailing Address:****FEI Number:** 27-1410428**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DSARONNO, R
4769 W. IRLO BRONSON MEM. HWY
STE B
KISSIMMEE, FL 34746 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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: D'SARONNO, A.
Address: 4769 W. IRLO BRONSON MEM. HWY. STE B
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: D'SARONNO, R.
Address: 4769 W. IRLO BRONSON MEM. HWY STE B
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: HERNANDEZ, V.
Address: 4769 W. IRLO BRONSON MEM. HWY STE B
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: D'SARONNO, ANDINO
Address: 4769 W. IRLO BRONSON MEM. HWY. STE B
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change () Addition
Name: D'SARONNO, RAQUEL
Address: 4769 W. IRLO BRONSON MEM. HWY STE B
City-St-Zip: KISSIMMEE, FL 34746

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: RAQUEL D'SARONNO

VP

12/03/2009

Electronic Signature of Signing Officer or Director_____
Date