

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000123613

Entity Name: PRO VACATION RENTALS, INC

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

8297 CHAMPIONS GATE BLVD
STE 348
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONS GATE BLVD
STE 348
CHAMPIONS GATE, FL 33896

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRE, A.
8297 CHAMPIONS GATE BLVD
STE 348
CHAMPIONS GATE, FL 33896 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: D
Name: PRO VACATION RENTALS / TORRE, A.
Address: 8297 CHAMPIONS GATE BLVD., STE 348
City-St-Zip: CHAMPIONS GATE, FL 33896

THIS ANNUAL REPORT WAS ACCEPTED IN ERROR. THE CORPORATION PRO VACATION RENTALS WAS DESIGNATED AS ITS OWN DIRECTOR. THIS REPORT SHOULD NOT HAVE BEEN ACCEPTED. THE CORPORATION WAS PREVIOUSLY ADVISED SEPTEMBER 3, 2010 THE CORPORATION CANNOT SERVE AS ITS OWN DIRECTOR. A TORRE SIGNED THE APPLICATION AS DIRECTOR. TO MAKE THE REPORT IN COMPLIANCE A TORRE WAS UPDATED TO REPLACE PRO VACATION RENTALS. SPT 9-21-11

I hereby 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 all other like empowered.

SIGNATURE: A. TORRE

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date