2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124539

Entity Name: ESCAPE VACATIONS, INC

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7220 NW 36TH ST. 8405 NW 53RD ST STE 525 STE A205

MIAMI, FL 33166 US DORAL, FL 33166 US

Current Mailing Address: New Mailing Address:

7220 NW 36TH ST. 8405 NW 53RD ST STE 525 STE A205

MIAMI, FL 33166 US DORAL, FL 33166 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 TREVISIOL, ALBA R
 CHACIN, DOUGLAS

 7220 NW 36TH ST.
 8405 NW 53RD ST

 STE 525
 STE A205

 MIAMI, FL 33166 US
 DORAL, FL 33166 US

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: DOUGLAS CHACIN 01/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: TREVISIOL, ALBA R Name: CHACIN, DOUGLAS

 Address:
 6426 N.W 109 AV
 Address:
 8405 NW 53RD ST STE A205

 City-St-Zip:
 DORAL, FL 33178 US
 City-St-Zip:
 DORAL, FL 33166 US

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: DOUGLAS CHACIN P 01/31/2009