

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000051326 1. Entity Name INTERVAL RESORT & FINANCIAL SERVICES, INC.	
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Principal Place of Business 6262 SUNSET DRIVE PENTHOUSE 1 MIAMI, FL 33143	Mailing Address 6262 SUNSET DRIVE PENTHOUSE 1 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0614258	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARBERT, JEANETTE E ESQ.
6262 SUNSET DRIVE
PENTHOUSE 1
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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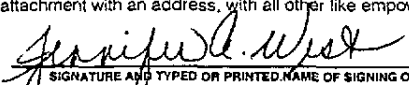
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NASH, CRAIG M 6262 SUNSET DRIVE, PENTHOUSE 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO MARBERT, JEANETTE E 6262 SUNSET DRIVE PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINCKE, VICTORIA J 6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO DREW, W. CARL 6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEST, JENNIFER A 6262 SUNSET DRIVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/28/05-80058-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jennifer A. West**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Assistant Secretary** **4/27/05 (305) 666-1861.**

Date Daytime Phone #