

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90365 049 \*\*\*150.00

**DOCUMENT # P97000008901**

1. Entity Name

APONTE VACATION HOMES INC.



Principal Place of Business

2506 BOGGY CREEK RD  
 KISSIMMEE FL 34744

Mailing Address

2506 BOGGY CREEK RD  
 KISSIMMEE FL 34744

2. Principal Place of Business

3272 Abiaka Dr.

3. Mailing Address

3272 Abiaka Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee

Zip

FL

Country

34743

Zip

FL

Country

34743

4. FEI Number

59-3426427

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APONTE, ISMAEL  
 2506 BOGGY CREEK RD  
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name Ismael Aponte

Street Address (P.O. Box Number is Not Acceptable)

3272 Abiaka Dr.

City Kissimmee

FL

Zip Code 34743

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	APONTE, ISMAEL	2506 BOGGY GLEEK RD	KISSIMMEE FL 34744	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Ismael Aponte  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #