

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008901

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: APONTE VACATION HOMES INC.

**Current Principal Place of Business:**

2570 GREENWOOD DR.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

3272 ABIAKA DR.  
KISSIMMEE, FL 34743

**Current Mailing Address:**

2570 GREENWOOD DR.  
KISSIMMEE, FL 34744

**New Mailing Address:**

3272 ABIAKA DR.  
KISSIMMEE, FL 34743

FEI Number: 59-3426427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APONTE, ISMAEL  
2570 GREENWOOD DR.  
KISSIMMEE, FL 34744 US

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

APONTE, ISMAEL  
3272 ABIAKA DR.  
KISSIMMEE, FL 34743 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: ISMAEL APONTE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: APONTE, ISMAEL  
Address: 2570 GREENWOOD DR.  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: APONTE, ISMAEL  
Address: 3272 ABIAKA DR.  
City-St-Zip: KISSIMMEE, FL 34743

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: ISMAEL APONTE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date