

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000079241**

1. Entity Name  
**RESORTS ADVANTAGE TRAVEL, INC.**



Principal Place of Business  
**9500 S. DADELAND BLVD.  
300  
MIAMI, FL 33156**

Mailing Address  
**9500 S. DADELAND BLVD.  
300  
MIAMI, FL 33156**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0797226**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SKRLD, INC.  
201 ALHAMBRA CIR  
SUITE 1102  
CORAL GABLES, FL 33134**

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DIAZ-CORTEZ, RAFAEL
STREET ADDRESS	9500 S. DADELAND BLVD. 300
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	DIAZ-CORTEZ, PATRICIA
STREET ADDRESS	9500 S. DADELAND BLVD. 300
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	CANEJA, JAVIER DIAZ
STREET ADDRESS	9500 S. DADELAND BLVD. 300
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80053-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/05 (305) 670-8405

Date

Daytime Phone #