

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90010 007 \*\*\*150.00

<b>DOCUMENT # P97000107318</b>	
1. Entity Name VACATION PROMOTIONS USA, INC.	



Principal Place of Business 304 GARDENS DRIVE #204 POMPANO BEACH, FL 33069	Mailing Address 304 GARDENS DRIVE #204 POMPANO BEACH, FL 33069
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**50062535**



2. Principal Place of Business <i>2385 NW Executive Center Dr.</i>	3. Mailing Address <i>Same as #2</i>
Suite, Apt. #, etc. <i>Suite: 100</i>	Suite, Apt. #, etc.
City & State <i>Boca Raton, FL</i>	City & State
Zip <i>33431</i>	Country <i>USA</i>

08162005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0884309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOTT, JOSEPH G JR. 500 W. CYPRESS CREEK RD., #400 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	P ANTILLON, J MONTGOMERY 304 GARDENS DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTILLON, J Montgomery 2385 NW Executive Center Dr. Ste: 100 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANTILLON, CHRISTINA D 304 GARDENS DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Antillon, Christina D. 2385 NW Executive Center Dr. Ste: 100 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUHASZ, ZOLTAN 304 GARDENS DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Juhasz, Zoltan 2385 NW Executive Center Dr. Ste: 100 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authorized 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 that shall be like sample entered.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT  
50062535

*Joseph G. Mott, Jr., P.A.*  
CERTIFIED PUBLIC ACCOUNTANT

August 16, 2005

Florida Department of State  
Secretary of State  
Division of Corporations  
Tallahassee, FL 32399

RE: Vacation Promotions USA, Inc.  
Reinstatement of Corporation  
Document # P97000107318

To Whom It May Concern:

With regard to the application for reinstatement for Vacation Promotions USA, Inc. please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,

*Joseph Mott, CPA*

Joseph G. Mott, Jr.  
Certified Public Accountant