

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 005 ***150.00

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1. Entity Name
THE VACATION STORE OF SOUTH BEACH, INC.



Principal Place of Business
1427 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Mailing Address
1427 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #
4201 SW 11 ST
Suite, Apt. #, etc

3. Mailing Address
4201 SW 11 ST
Suite, Apt. #, etc

City & State
CORAL GABLES FL
Zip
33134 Country

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CORAL GABLES FL
Zip
33134 Country

01122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0958159 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELENDEZ, ROSANNA M
1427 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4201 SW 11 ST
City CORAL GABLES FL Zip Code 33134

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, a title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENDEZ, ROSANNA
STREET ADDRESS 1427 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE VD
NAME ALVAREZ, GEORGE
STREET ADDRESS 1427 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE TD
NAME ALVAREZ, GEORGE
STREET ADDRESS 1427 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 4201 SW 11 ST CORAL GABLES, FL ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 4201 SW 11 ST CORAL GABLES, FL ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 4201 SW 11 ST CORAL GABLES, FL ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: 305-774-0040