

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064683

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

FILED  
Feb 13, 2008  
Secretary of State

**Current Principal Place of Business:**

7201 SW 11 ST  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

4201 SW 11 ST  
MIAMI, FL 33134 US

**Current Mailing Address:**

7201 SW 11 ST  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

4201 SW 11 ST  
MIAMI, FL 33134 US

FEI Number: 65-0958159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENDEZ, ROSANNA M  
4201 SW 11 STREET  
CORAL GABLES, FL 33134 US

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

MENDEZ, ROSSANNA M  
4201 SW 11 STREET  
CORAL GABLES, FL 33134 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: ROSSANNA MENDEZ

02/13/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENDEZ, ROSANNA  
Address: 4201 SW 11 STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: ALVAREZ, GEORGE  
Address: 4201 SW 11 STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: ALVAREZ, GEORGE  
Address: 4201 SW 11 STREET  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: PD (X) Change ( ) Addition  
Name: MENDEZ, ROSSANNA  
Address: 4201 SW 11 STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ALVAREZ, ALEXANDRA  
Address: 4201 SW 11 STREET  
City-St-Zip: CORAL GABLES, FL 33134

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: ROSSANNA MENDEZ

PRE

02/13/2008

Electronic Signature of Signing Officer or Director

Date