

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # S08024

1. Entity Name
FIRST CLASS RESORTS, INC.



Principal Place of Business
**ONE ALHAMBRA PLAZA
STE. 1150
CORAL GABLES, FL 33134 US**

Mailing Address
**ONE ALHAMBRA PLAZA
STE. 1150
CORAL GABLES, FL 33134 US**



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0223830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIR, HECTOR J.
2655 LE JEUNE RD.
SUITE 1107
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 reinstating)

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	S
NAME	MIR, HECTOR J.
STREET ADDRESS	2655 LE JEUNE RD #107
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DP
NAME	GONZALEZ-PEREZ, FRANCISCO J
STREET ADDRESS	8 OLD CHURCH ST
CITY-ST-ZIP	LONDON SW3 5DQ,
TITLE	D
NAME	GONZALEZ-PAEZ, FRANCISCO J
STREET ADDRESS	KAYA GOBERNADOR N DEBROT
CITY-ST-ZIP	KRALENDISK BONAIRE,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000631269
02/20/07-80041-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector J. Mir

02/09/07

(305) 444-0460

Date

Daytime Phone #