


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 840993
 1. Entity Name
JAMAICA RESERVATION SERVICE LIMITED, INC.



Principal Place of Business Mailing Address
3785 NW 82 AVE STE 403 **3785 NW 82 AVE STE 403**
MIAMI, FL 33166 **MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1789086 Not Applicable

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

6. Name and Address of Current Registered Agent
RICKETTS, PAMELA
3785 NW 82ND AVE
#403
MIAMI, FL 33166

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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 _____ DATE _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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	C
NAME	COOKE, JOHN MR.
STREET ADDRESS	5-7 DUNROBIN AVENUE
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.
TITLE	D
NAME	GUNTLEY-BRADY, CARROLE
STREET ADDRESS	64 KNUITSFORD BLVD
CITY-ST-ZIP	KINGSTON 5 JAMAICA W.I.
TITLE	MD
NAME	MITCHELL, KEN A MR.
STREET ADDRESS	10 HOLBURN ROAD, SUITE #3
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.
TITLE	COND
NAME	TULLOCH, ANDREW MR.
STREET ADDRESS	64 KNUITSFORD BLVD, 3RD FLOOR
CITY-ST-ZIP	KINGSTON 5, JAMAICA W.I.
TITLE	HOTD
NAME	GRANDISON, MICHAEL MR.
STREET ADDRESS	NORMAN MANLEY BLVD.
CITY-ST-ZIP	NEGRIL, JAMAICA W.I.
TITLE	D
NAME	HENDRICKSON, KEVIN
STREET ADDRESS	C/O COURTLEIGH HOTEL, 85 KNUITSFORD BLVD
CITY-ST-ZIP	KINGSTON 10, JA

DO NOT WRITE IN THIS SPACE

00000292749
 04/08/05-80001-006 150.00

12. I hereby certify that the information supplied in this report is true and correct and that the information 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 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 of the corporation; that I am duly qualified 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 like empowered.

SIGNATURE: *Pamela Ricketts* PAMELA RICKETTS 4/5/05 305-597-5700
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #