## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004351

Entity Name: CARIBE TRAVEL SERVICES INC

FILED Jul 14, 2005 Secretary of State

| Littly Na   | IIIe. CARIBE                 | TRAVEL SERVICES, INC.                                       |              |  |   |  |
|---|------------------------------|---|--------------|--|---|--|
| Current Principal Place of Business:  |                              |   |              | New Principal Place of Business:                                   |   |  |
| 7300 CORPORATE CENTER DRIVE, SUITE 703 MIAMI, FL 33126                          |                              |   |              | 8280 NW 27TH STREET<br>516<br>MIAMI, FL 33122                      |   |  |
| Current Mailing Address:  |                              |   |              | New Mailing Address:   |   |  |
| 11052 SHADY TRAIL LANE, SUITE 201<br>DALLAS, TX 75229                           |                              |   |              | 3760 KILROY AIRPORT WAY<br>560<br>LONG BEACH, CA 90806             |   |  |
| FEI Number  | : 77-0610312                 | FEI Number Applied For ( )                                  | FEI Numb     | er Not Applicable ( )  | Certificate of Status Desired ( )       |  |
| Name and Address of Current Registered Agent:                                   |                              |   |              | Name and Address of New Registered Agent:                          |   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 323012525 US |                              |   |              | CRAIG, HAMMOND<br>8280 NW 27TH STREET<br>516<br>MIAMI, FL 33122 US |   |  |
|   | named entity see of Florida. | submits this statement for the p                            | ourpose of o | changing its registere   | ed office or registered agent, or both, |  |
| SIGNATURE: CRAIG HAMMOND  |                              |   |              | 07/14/2005   |   |  |
| Election Car  |                              | ic Signature of Registered Age Trust Fund Contribution ( ). | ent          |  | Date                                    |  |
| OFFICERS AND DIRECTORS:   |                              |   |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                       |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                     | ZUCCATO, MIC                 | IRPORT WAY, SUITE 560                                       | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:                           | ( ) Change ( ) Addition                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                     | PEREZ, ANTHO                 | IRPORT WAY, SUITE 560                                       | N<br>A       | itle:<br>lame:<br>ddress:<br>ity-St-Zip:                           | ( ) Change ( ) Addition                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                     | PEREZ, JOE                   | Delete<br>NRPORT WAY, SUITE 560<br>CA 90806                 | N<br>A       | itle:<br>ame:<br>ddress:<br>ity-St-Zip:                            | () Change () Addition                   |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG HAMMOND **CFO** 07/14/2005