

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004351

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CARIBE TRAVEL SERVICES, INC.

## Current Principal Place of Business:

8280 NW 27TH STREET  
516  
MIAMI, FL 33122

## Current Mailing Address:

3760 KILROY AIRPORT WAY  
560  
LONG BEACH, CA 90806

## New Principal Place of Business:

8323 NW 12TH STREET  
100  
DORAL, FL 33126

## New Mailing Address:

300 OCEANGATE  
910  
LONG BEACH, CA 90802

FEI Number: 77-0610312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAIG, HAMMOND  
8280 NW 27TH STREET  
516  
MIAMI, FL 33122 US

## Name and Address of New Registered Agent:

CRAIG, HAMMOND  
8323 NW 12TH STREET  
100  
DORAL, FL 33126 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:

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MACHADO, JOSE  
Address: 3760 KILROY AIRPORT WAY, SUITE 560  
City-St-Zip: LONG BEACH, CA 90806

Title: TRE ( ) Delete  
Name: PEREZ, JOE  
Address: 3760 KILROY AIRPORT WAY, SUITE 560  
City-St-Zip: LONG BEACH, CA 90806

Title: SEC ( ) Delete  
Name: ZUCCATO, LISA  
Address: 3760 KILROY AIRPORT WAY, SUITE 560  
City-St-Zip: LONG BEACH, CA 90806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MACHADO, JOSE  
Address: 300 OCEANGATE, SUITE 910  
City-St-Zip: LONG BEACH, CA 90802

Title: TRE (X) Change ( ) Addition  
Name: PEREZ, JOE  
Address: 300 OCEANGATE, SUITE 910  
City-St-Zip: LONG BEACH, CA 90802

Title: SEC (X) Change ( ) Addition  
Name: ZUCCATO, LISA  
Address: 300 OCEANGATE, SUITE 910  
City-St-Zip: LONG BEACH, CA 90802

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: CRAIG HAMMOND

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

Date