

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000002675 1. Entity Name CARIBBEAN REALTY SUPPORT SERVICES, INC.					
Principal Place of Business 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015			Mailing Address 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8949479	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UZ, JOSE F 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS UZ, JOSE F CEO 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Director WINGARD, PAUL W. 5931 NW 173 Dr, #11 MIAMI, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD LOPEZ, OMAR F 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO, Vice President, Director UZ, ANGELA 5931 NW 173 Dr, #11 MIAMI, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROMAN, ANGEL 5931 NW 173RD DRIVE STE 11 MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300116456593 01/30/08--01032--002 **115.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KUHN, KARL F 5931 NW 173RD DR STE 11 MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> President/Secretary 1/9/08 305-889-1100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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