

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002675

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** CARIBBEAN REALTY SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

5190 NW 167 STREET  
STE 105  
MIAMI, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

5190 NW 167 STREET  
STE 105  
MIAMI, FL 33014 US

**New Mailing Address:**

**FEI Number:** 20-8949479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UZ, JOSE F  
5190 NW 167 STREET  
STE 105  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: UZ, JOSE F CEO  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

Title: VPTD  
Name: LOPEZ, OMAR F  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

Title: VPD  
Name: ROMAN, ANGEL  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

Title: VPD  
Name: KUHN, KARL F  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

Title: VPD  
Name: WINGARD, PAUL W  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

Title: COOV  
Name: UZ, ANGELA  
Address: 5190 NW 167 STREET, STE 105  
City-St-Zip: MIAMI, FL 33014 US

I hereby 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 all other like empowered.

SIGNATURE: JOSE F UZ

PD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date