## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G31184

FILED Jan 18, 2005 Secretary of State

Entity Name: CARIBBEAN TRAVEL ENTERPRISES, INC.

Current Principal Place of Business:			siness:	New Principal Place	New Principal Place of Business:	
	IE BOULEVA	RD				
101 FT LAUDE	ERDALE, FL	33312	US			
Current N	lailing Addr	ess:		New Mailing Address	s:	
	IE BOULEVA	.RD				
101 FT LAUDE	ERDALE, FL	33312	US			
FEI Number	: 59-2287656	FEIN	lumber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
ANDERS	ON, CARA					
2666 TIGE MIAMI, FL The above in the Stat	ERTAIL AVE., 33133 U: a named entit e of Florida.	S		purpose of changing its registere	d office or registered agent, or both,	
2666 TIGE MIAMI, FL The above	ERTAIL AVE., 33133 U: e named entit e of Florida. RE:	S y submit	s this statement for the			
2666 TIGE MIAMI, FL The above n the Stat SIGNATU	ERTAIL AVE., 33133 U: e named entit e of Florida. RE: Electr	S y submit onic Sigi			d office or registered agent, or both,  Date	
2666 TIGE MIAMI, FL The above In the Stat SIGNATU  Election Ca	ERTAIL AVE., 33133 U: e named entit e of Florida. RE: Electr	S y submit onic Sigi	s this statement for the nature of Registered Ag	ent		
2666 TIGE MIAMI, FL The above In the Stat SIGNATU  Election Ca	e named entite of Florida.  RE: Electr  mpaign Financ  S AND DIRE	y submit onic Sigi ing Trust CTORS	s this statement for the nature of Registered Ag  Fund Contribution ( ).	ent	Date	

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: CARA ANDERSON DVPS 01/18/2005