## 631184

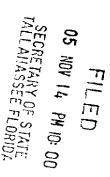
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

то:	Amendment Section Division of Corporations	
SUBJE	ECT: CARIBBEAN TRAVEL ENTERPRIS	SES, INC.
DOCU	JMENT NUMBER: G31184	
The en	nclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
	ALEXANDER CAPUCCI (Name of Contact	et Person)
	CARIBBEAN TRAVEL ENTERPR (Firm/Comp	
	2145 DAVIE BOULEVARD, SUITE (Address	
	FT. LAUDERDALE, FLORIDA 3331. (City/State and 2	
For fur	rther information concerning this matter, please call	:
ALEX	(Name of Contact Person)	at (305 ) 444-7999 (Area Code & Daytime Telephone Number)
Enclose	sed is a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2145 DAVIE BOULEVARD, SUITE 101  (P.O Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  CARA ANDERSON VICE PLES.  (Printed or typed name and little)  I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this	3. The mailing address (if different): SAME  4. Date of incorporation/qualification: MARCH 30, 1983 Document number: G31184  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  CARA ANDERSON  2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  6. The name and street address of the new registered agent (if changed) and /or registered office HARSEL AVENUE (if changed):  ALEXANDER CAPUCCI  2145 DAVIE BOULEVARD, SUITE 101  (P.O Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the brand, or the corporation has been notified in writing of the change.		the corporation: CARIBBEAN TRAVEL		
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S. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  CARA ANDERSON  2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  S. The name and street address of the new registered agent (if changed) and /or registered office ART (if changed):  ALEXANDER CAPUCCI  2145 DAVIE BOULEVARD, SUITE 101  (PO Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent as changed will be identified.  Such changed was authorized by resolution duly adopted by its board of directors or by an officer so buttorized by the beard, or the corporation has been notified in writing of the change.  CARA ANDERSON, VICE PRES  (Vignature of an officer or director)  (Printed or typed name and life)  (Printed or typed name and life)  (In this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance, further agree to comply with the provisions of all statutes relative to the proper and complete performance in my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  OCTOBER 26, 2005	S. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  CARA ANDERSON  2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  5. The name and street address of the new registered agent (if changed) and /or registered office REF (if changed):  ALEXANDER CAPUCCI  2145 DAVIE BOULEVARD, SUITE 101  (P.O. Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identically a complete performance of the population of the change.  CARA ANDERSON, VICE PRES.  (Signature of an officer or director)  (Printed or typed name and title)  CARA ANDERSON, VICE PRES.  (Signature of an officer or director)  (Printed or typed name and title)  CARA ANDERSON, VICE PRES.  (Signature of an officer or director)  (Printed or typed name and complete performance for my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this	3. The mailing a	nddress (if different): SAME		
CARA ANDERSON  2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  5. The name and street address of the new registered agent (if changed) and/or registered office and (if changed):  ALEXANDER CAPUCCI  2145 DAVIE BOULEVARD, SUITE 101  (P.O. Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent. Such changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the forporation has been notified in writing of the change.  CARA ANDERSON, VICE PLES  (Signature of an officer or director)  CARA ANDERSON, VICE PLES  (Signature of an officer or director)  CARA ANDERSON or prefer or directory further agree to comply with the provisions of all statutes relative to the proper and complete performance, further agree to comply with the provisions of all statutes relative to the proper and complete performance in my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this comportation has been notified in writing of this change.  OCTOBER 26, 2005  (Signature of Registered Agent)  OCTOBER 26, 2005	CARA ANDERSON  2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  5. The name and street address of the new registered agent (if changed) and /or registered office RP CONTROL	4. Date of incor	poration/qualification: MARCH 30, 198	33 Document number: G3118	4
2666 TIGERTAIL AVENUE, APT. 110  MIAMI, FL 33133  The name and street address of the new registered agent (if changed) and /or registered office REGISTRY OF STATE OF	MIAMI, FL 33133  The name and street address of the new registered agent (if changed) and /or registered office REFARRICATION (if changed):  ALEXANDER CAPUCCI  2145 DAVIE BOULEVARD, SUITE 101  (P.O Box NOT acceptable)  FT. LAUDERDALE, FLORIDA 33312  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  CARA ANDERSON, VICE PLES.  (Printed or typed name and title)  CARA ANDERSON, VICE PLES.  (Printed or typed name and title)  CARA ANDERSON of the comply with the provisions of all statutes relative to the proper and complete performance for my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this			agent and registered office on file w	vith the
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(Signature of Registered Agent) (Date)		hereby accept further agree if my duties, an locument is bei orporation has	the appointment as registered agent at to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in th been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and co ligation of my position as register. he registered office address, I here e.	mplete performance ed agent. Or, if this eby confirm that the
			100/	OCTOBER 26, 2005	
signing on behalf of an entity:				(Date)	
	signing on behalf of an entity:	signing on be	half of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)