

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G31184

FILED
Nov 28, 2005
Secretary of State

Entity Name: CARIBBEAN TRAVEL ENTERPRISES, INC.

Current Principal Place of Business:

2145 DAVIE BOULEVARD
101
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2145 DAVIE BOULEVARD
101
FT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-2287656 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPUCCI, ALEXANDER
2145 DAVIE BLVD STE 101
FT LAUDERDALE, FL 33312 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: DPT () Delete
Name: ROSE, BRIAN
Address: 35 SIR WILLIAMS LN
City-St-Zip: TORONTO, ONTARIO, CA

Title: DVPS (X) Delete
Name: ANDERSON, CARA
Address: 2666 TIGERTAIL AVE, #110
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CAPUCCI, ALEXANDER
Address: 2145 DAVIE BLVD, #101
City-St-Zip: FT LAUDERDALE, FL 33312 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEXANDER CAPUCCI

PRES

11/28/2005

Electronic Signature of Signing Officer or Director

Date