

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82447

FILED
May 01, 2008
Secretary of State

Entity Name: CARIBE HOTELS, INC.

Current Principal Place of Business:

111 W FORTUNE STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

111 W FORTUNE STREET
111 W. FORTUNE STREET
TAMPA, FL 33602

New Mailing Address:

111 W FORTUNE STREET
TAMPA, FL 33602

FEI Number: 59-2936281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEN, ANDRE P
111 WEST FORTUNE STREET
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: CALLEN, LANA
Address: 111 W FORTUNE ST
City-St-Zip: TAMPA, FL 33602

Title: PD () Delete
Name: CALLEN, ROBINSON
Address: 111 W. FORTUNE STREET
City-St-Zip: TAMPA, FL 33602

Title: TDV () Delete
Name: CALLEN, ANDRE P
Address: 111 W. FORTUNE STREET
City-St-Zip: TAMPA, FL 33602

Title: VSD () Delete
Name: CALLEN, IAN
Address: 111 W FORTUNE ST
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: CALLEN, SEAN
Address: 111 W. FORTUNE STREET
City-St-Zip: TAMPA, FL 33602

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDRE P CALLEN

TDV

05/01/2008

Electronic Signature of Signing Officer or Director

Date