2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90008 019 ***150.00

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1. Entity Name
CARIBBEAN HOTEL SUPPLIES, INC.

Principal Place of Business	Mailing Address
8366 N.W. 144TH TERRACE MIAMI LAKES, FL 33016	8366 N.W. 144TH TERRACE MIAMI LAKES, FL 33016

02292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7814 W 16th Ct	10200 NW 25th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #207
City & State: HIALEAH, FL	City & State: MIAMI, FL
Zip: 33014 Country: MIAMI-DADE	Zip: 33172 Country: MIAMI-DADE

4. FEI Number: 65-1103693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO J
10200 N.W. 25TH STREET
#207
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HAZIM, LUIS J	
STREET ADDRESS	8366 N.W. 144TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	TD	☐ Delete
NAME	HAZIM, RAFAELA	
STREET ADDRESS	8366 N.W. 144TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 3/1/04 (305) 718-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #