## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P01000041879**

CARIBBEAN HOTEL SUPPLIES, INC.



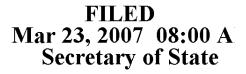
Principal Place of Business

7814 W 16TH CT HIALEAH, FL 33014 Mailing Address

10200 NW 25TH ST

#207

MIAMI, FL 33172





## DO NOT WRITE IN THIS SPACE

03212007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-1103693 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

Daylime Phone i

6. Name and Address of Current Registered Agent

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

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					<u></u>
TITLE	PD				
NAME	HAZIM, LUIS J				
STREET ADDRESS	9702 SW 166TH CT	I I			
CITY-ST-ZIP	MIAMI, FL 33196				
TITLE	TD				
NAME	HAZIM, RAFAELA	1			U00000676220 0/07-80049-021 150.00
STREET ADDRESS	9702 SW 166TH CT	i.		03/3	0/07-80049-021 150.00
CITY-ST-ZIP	MIAMI, FL 33196				•
TITLE					
NAME		l l			
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP					
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NAME PARKET LOODERS					
STREET ADDRESS CITY-ST-ZIP					
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NAME					
STREET ADDRESS					•
CITY-ST-ZIP		ļ			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 a other like empowered.					

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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