2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082921

Entity Name: CARIBBEAN RESERVATION SERVICES, INC.

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O PMA CORPORATE SERVICES
209 MUNOZ RIVERA AVE., 19TH FL
SAN JUAN, PUERTO RICO, 00918

C/O PMA CORPORATE SERVICES
209 MUNOZ RIVERA AVE., 19TH FL
SAN JUAN, PR 00918

Current Mailing Address:

POPULAR CENTER SUITE 901 209 MUNOZ RIVERA AVE SAN JUAN, PR 00918 New Mailing Address:

BANCO POPULAR CENTER 19TH FLOOR 209 MUNOZ RIVERA AVE SAN JUAN, PR 00918

FEI Number: 02-0700782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: MOJICA, HECTOR L Name: MONTES, JUAN A

Address: 209 MUNOZ RIVERA AVE., POPULAR CTR. 19 FL Address: 209 MUñOZ RIVERA AVENUE POPULAR CTR. 19TH

City-St-Zip: SAN JUAN, PR 00918 City-St-Zip: SAN JUAN, PR 00918

Title: SUBT () Delete Title: D (X) Change () Addition
Name: BELTRAN, AILEEN Name: PLATA DE AGUIRRE, CLARISSA

Address: 209 MUNOZ RIVERA AVE., POPULAR CTR 1901 Address: 209 MUñOZ RIVERA AVENUE POPULAR CTR. 19TH

City-St-Zip: SAN JUAN, PR 00918 City-St-Zip: SAN JUAN, PR 00918

Title: () Delete Title: D () Change (X) Addition

Name: Name: SOUSA, MARIA ELSA

Address: Address: 209 MUñOZ RIVERA AVENUE POPULAR CTR. 19TH

City-St-Zip: City-St-Zip: SAN JUAN, PR 00918

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN ARTURO MONTES GOMEZ D 02/07/2007