

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082921

FILED
Nov 18, 2009
Secretary of State

Entity Name: CARIBBEAN RESERVATION SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O MRS. CARMEN R SOSA
8367 N.W. 74 STREET
MIAMI, FL 33166

Current Mailing Address:

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

New Mailing Address:

C/O PIETRANTONI MENDEZ & ALVAREZ LLP
209 MUNOZ RIVERA AVE 19TH FLOOR
SAN JUAN, PR 00918

FEI Number: 02-0700782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BARBARA A. BURKE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTES, JUAN A
Address: 209 MUNOZ RIVERA AVENUE POPULAR CTR. 19TH
City-St-Zip: SAN JUAN, PR 00918

Title: D () Delete
Name: PLATA DE AGUIRRE, CLARISSA
Address: 209 MUNOZ RIVERA AVENUE POPULAR CTR. 19TH
City-St-Zip: SAN JUAN, PR 00918

Title: D (X) Delete
Name: SOUSA, MARIA ELSA
Address: 209 MUNOZ RIVERA AVENUE POPULAR CTR. 19TH
City-St-Zip: SAN JUAN, PR 00918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOSA, CARMEN R
Address: 8367 N.W. 74 STREET
City-St-Zip: MIAMI, FL 33166

Title: PST (X) Change () Addition
Name: SANLLEY, JACQUELINE
Address: EPS X-18915 P.O. BOX 025650
City-St-Zip: MIAMI, FL 33102

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: CARMEN R SOSA

D

11/18/2009

Electronic Signature of Signing Officer or Director

Date