

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105803

FILED
Apr 28, 2006
Secretary of State

Entity Name: CARIBBEAN HOSPITALITY MANAGEMENT CORPORATION

Current Principal Place of Business:

700 N DIXIE HIGHWAY
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

6115 MIRAMAR PARKWAY
MIRAMAR, FL 33023 US

Current Mailing Address:

P O BOX 835107
HOLLYWOOD, FL 33083 US

New Mailing Address:

FEI Number: 06-1709379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, SAMUEL S
6636 ARBOR DRIVE
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, SAMUEL S
Address: 6636 ARBOR DR
City-St-Zip: MIRAMAR, FL 33023 US

Title: DS () Delete
Name: MILLER, ALICE V
Address: 6636 ARBOR DR.
City-St-Zip: MIRAMAR, FL 33023 US

Title: DT () Delete
Name: MARKS, ROSE
Address: 7240 TROPICANA STREET
City-St-Zip: MIRAMAR, FL 33023 US

Title: D () Delete
Name: WALLACE, JULIET
Address: 3031 WINDWARD WAY
City-St-Zip: MIRAMAR, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SAMUEL MILLER

D P

04/28/2006

Electronic Signature of Signing Officer or Director

Date