


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90082 012 \*\*\*150.00

<b>DOCUMENT # P04000079355</b> 1. Entity Name <b>CARIBBEAN MULTISERVICES &amp; TRAVEL, INC.</b>	
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Principal Place of Business <b>4783 NW 167TH STREET</b> <b>MIAMI, FL 33055</b>	Mailing Address <b>4783 NW 167TH STREET</b> <b>MIAMI, FL 33055</b>
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03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>77-0634858</b>	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ, MAGALI G</b> <b>4148 W 12 AVE</b> <b>HIALEAH, FL 33012</b>	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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: *Magali G Rodriguez* DATE: 4-10-07  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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 03/26/07 00000001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>RODRIGUEZ, MAGALI G</b> <b>4148 W 12 AVE</b> <b>MIAMI, FL 33012</b>
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12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE: *Magali G Rodriguez* DATE: 4-10-07 DAYTIME PHONE #: (305) 627-0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR