


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90569 003 \*\*\*150.00

<b>DOCUMENT # P04000085262</b> 1. Entity Name <b>CARIBBEAN HOSPITALITY GROUP, INC.</b>			
Principal Place of Business <b>13899 BISCAYNE BLVD.</b> <b>NORTH MIAMI, FL 33181</b>		Mailing Address <b>13899 BISCAYNE BLVD.</b> <b>NORTH MIAMI, FL 33181</b>	
2. Principal Place of Business <b>13899 Biscayne Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>13899 Biscayne Blvd</b> Suite, Apt. #, etc.	
City & State <b>North Miami Beach, FL</b> Zip <b>33181</b>		City & State <b>North Miami Beach, FL</b> Zip <b>33181</b>	
4. FEI Number <b>03022005</b>		Chg-P <b>CR2E034 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAY, KARLENE</b> <b>13899 BISCAYNE BLVD.</b> <b>130</b> <b>NORTH MIAMI BEACH, FL 33181</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MICKLEWHITE, EZRA</b> <b>P.O. BOX 172526</b> <b>HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Director</b> <b>LAURA GRAY</b> <b>13899 Biscayne Blvd #205</b> <b>MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>DEAN GRAY</b> <b>13899 Biscayne Blvd #205</b> <b>N MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Legal Counsel Director</b> <b>KARLENE GRAY</b> <b>13899 Biscayne Blvd #205</b> <b>N MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	