

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90046 045 \*\*\*550.00

<b>DOCUMENT # P04000110318</b> 1. Entity Name <b>CARIBBEAN RESORT SUPPLIERS INC</b>					
Principal Place of Business <b>7930 NW 36 STREET SUITE 22196 MIAMI, FL 33166</b>			Mailing Address <b>7930 NW 36 STREET SUITE 22196 MIAMI, FL 33166</b>		
2. Principal Place of Business <b>2000 N.W. 89 PLACE</b> Suite, Apt. #, etc.			3. Mailing Address <b>2000 N.W. 89 PLAGE</b> Suite, Apt. #, etc.		
City & State <b>DORAL, FLORIDA</b>			City & State <b>DORAL, FLORIDA</b>		
Zip <b>33172</b>		Country <b>U.S.A</b>		4. FEI Number <b>20-1453947</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MARTINEZ, ELIO 7930 NW 36 STREET SUITE 22196 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>MARTINEZ, ELIO</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2000N.W. 89PLACE</b> City <b>DORAL</b>		
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.			DATE		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</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 <b>D</b> <input type="checkbox"/> Delete NAME <b>MARTINEZ, ELIO</b> STREET ADDRESS <b>7930 NW 36 STREET #22196</b> CITY-ST-ZIP <b>MIAMI, FL 33166</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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> <i>[Signature]</i> <b>Director</b> <b>8/4/05 (205)640-0507</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50060354**



08042005 Chg-P CR2E034 (10/03)