

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114188

FILED
Aug 31, 2005
Secretary of State

Entity Name: CARIBBEAN SHOP N SHIP SERVICE INC.

Current Principal Place of Business:

8270 NW 36TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

14655 SHOTGUN ROAD
DAVIE, FL 33325

Current Mailing Address:

8270 NW 36TH STREET
SUNRISE, FL 33351

New Mailing Address:

14655 SHOTGUN ROAD
DAVIE, FL 33325

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

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

MORGAN, LOIS MRS
8270 NW 36TH STREET
SUNRISE, FL 33351 US

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: LOIS MORGAN

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BREALEY, JOHN
Address: 8270 NW 36TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: DVST () Delete
Name: DODARELL, SHELAGH
Address: 3351 NW 75TH TERR
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BREALEY, JOHN MR
Address: 14655 SHOTGUN ROAD
City-St-Zip: DAVIE, FL 33325

Title: DVST (X) Change () Addition
Name: HOWELL, JUDITH H MRS
Address: 14655 SHOTGUN ROAD
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN BREALEY

DP

08/31/2005

Electronic Signature of Signing Officer or Director

Date