2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000149169

1. Entity Name CARIZAN HOSPITALITY, INC.



Principal Place of Business

SUNRISE, FL 33322

NAME STREET ADDRESS CITY-ST-ZIP

9999 SUMMERBREEZE DRIVE SUITE 416 Mailing Address

9999 SUMMERBREEZE DRIVE SUITE 416

SUNRISE, FL 33322

FILED
May 10, 2007 08:00 AM
Secretary of State



DO	NOT	WRITE	IN THIS	SPACE
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6. Name and Address of Current Registered Agent

BOOTHE, ERROL 9999 SUMMERBREEZE DRIVE SUITE 416 SUNRISE, FL 33322

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOTHE, ERROL 9999 SUMMERBREEZE DRIVE SUNRISE, FL 33322				U00000763084 05/29/07-80040-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET AODRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP			•			
TITLE						

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.

whoother (ERROL BOOTHE)

5/04/07

954-148-1898