

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90010 012 \*\*\*150.00

**DOCUMENT # P05000149169**

1. Entity Name  
**CARIZAN HOSPITALITY, INC.**



Principal Place of Business  
**9999 SUMMERBREEZE DRIVE  
SUITE 416  
SUNRISE, FL 33322**

Mailing Address  
**9999 SUMMERBREEZE DRIVE  
SUITE 416  
SUNRISE, FL 33322**

**DO NOT WRITE IN THIS SPACE**



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3778733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BOOTHE, ERROL  
9999 SUMMERBREEZE DRIVE  
SUNRISE, FL 33322**

TITLE  
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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(ERROL BOOTHE)**

**7/18/08 954 5296062**  
Date Daytime Phone #