

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148491

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** CARIBBEAN RESORT MARKETING SERVICES, INC.

**Current Principal Place of Business:**

6100 BLUE LAGOON DRIVE  
SUITE 335  
MIAMI, FL 33126

**New Principal Place of Business:**

1200 NW 78 AVE  
SUITE 110  
MIAMI, FL 33126

**Current Mailing Address:**

6100 BLUE LAGOON DRIVE  
SUITE 335  
MIAMI, FL 33126

**New Mailing Address:**

1200 NW 78 AVE  
SUITE 110  
MIAMI, FL 33126

**FEI Number:** 20-5994336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ALFREDO L ESQ.  
2525 PONCE DE LEON BLVD.  
SUITE 400  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLUSSI, ETTORRE  
Address: 7911 N.W. 87 AVENUE BM 133  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: BLANCO, RAFAEL  
Address: 7911 N.W. 87 AVENUE BM 133  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: CUTRI, TOMMASO  
Address: 7911 N.W. 87 AVENUE BM 133  
City-St-Zip: MIAMI, FL 33178

I hereby 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 all other like empowered.

**SIGNATURE:** ETTORRE COLUSSI

D

04/23/2010

Electronic Signature of Signing Officer or Director

Date