

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090643

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN SUPPORT SERVICES INCORPRATED

**Current Principal Place of Business:**

159 GULFSIDE DRIVE  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

106 LIBERTY GROVE PASS  
ALPHARETTA, GA 30004

**New Mailing Address:**

980 BIRMINGHAM RD  
STE 501-322  
MILTON, GA 30004

**FEI Number:** 27-3939433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, AMY  
159 GULFSIDE DRIVE  
MIRAMAR BEACH, FL 32550 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

**OFFICERS AND DIRECTORS:**

**Title:** P, T  
**Name:** ROSE, ROBERT D  
**Address:** 106 LIBERTY GROVE PASS  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** VP,S  
**Name:** ROSE, AMY R  
**Address:** 106 LIBERTY GROVE PASS  
**City-St-Zip:** ALPHARETTA, GA 30004

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:** AMY R ROSE

VP

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date