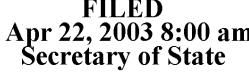
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000017369 **DOCUMENT #** 1. Entity Name CARIBBEAN HOTEL SERVICES, INC.



FILED
Apr 22, 2003 8:00 am
Secretary of State
04 22 2003 90029 001 ***150 00



Principal Place of Business Mailing Address 5130 NO. FEDERAL HIGHWAY STE 3 -5130 NO. FEDERAL HIGHWAY STE'S FORT LAUDERDALE FL-33308 <FORT-LAUDERDALE FL-99908-Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0754476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRABOWKSI, DAVID L 5130 NO_FEDERAL HIGHWAY STE 3 FORT LAUDERDALE FL 33308 ed agent, or both, in the State of Florida. I am familiar wit 8. The above named entity submits # purpose of changing its registered office or reg staten the obligations of registered SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete GRABOWSKI, DAVID L NAME NAME STREET ADDRESS 5130 NO. FEDERAL HIGHWAY STE 3 STREET ADDRESS **FORT-LAUDERDALE FL 33308** CITY-ST-ZIP CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Addition CHRISTENSEN, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 5130-NO. FEDERAL HIGHWAY STE 3 CITY-ST-ZIP FORT-LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change - 🔲 Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 his 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

SIGNATURE: