

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V25142

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN HOSPITALITY SERVICES, INC.

**Current Principal Place of Business:**

8187 STAGECOACH LANE  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

4837 SOTHERN BREEZE DRIVE  
NAPLES, FL 34114 US

**Current Mailing Address:**

PO BOX 566  
RED RIVER, NM 87558 US

**New Mailing Address:**

**FEI Number:** 65-0330229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OTTINGER, JACK W  
8187 STAGECOACH LANE  
BOCA RATON, FL 33496 US

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

OTTINGER, JACK W  
4837 SOUTHERN BREEZE DRIVE  
NAPLES, FL 34114 US

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

01/18/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: OTTINGER, JACK W  
Address: 4837 SOUTHERN BREEZE DRIVE  
City-St-Zip: NAPLES, FL 34114

Title: DST  
Name: OTTINGER, DEBORH D  
Address: 4837 SOTHERN BREEZE DRIVE  
City-St-Zip: NAPLES, FL 34114

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: JACK W. OTTINGER

PRES

01/18/2011

Electronic Signature of Signing Officer or Director

Date