


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002871

1. Entity Name
ADMIRAL CRUISE SERVICES INCORPORATED



Principal Place of Business
**C/O TRITON CRUISE SERVICES
 1007 N. AMERICA WAY
 MIAMI, FL 33132**

Mailing Address
**C/O TRITON CRUISE SERVICES
 1007 N. AMERICA WAY
 MIAMI, FL 33132**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0513271

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAIRUNTEREGGER, MICHAEL R
 1007 N. AMERICA WAY STE. 407
 MIAMI, FL 33132**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIETRO, VIRGINIA R
STREET ADDRESS	44 PALERMO AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	MAIRUNTEREGGER, MICHAEL R
STREET ADDRESS	11823 S.W. 44TH ST
CITY-ST-ZIP	DAVIE, FL 33125
TITLE	S
NAME	CLAUSSEN, KENNETH F
STREET ADDRESS	MERRICK PLAZA STE. 301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Virginia R. Pietro **4/6/05 305-358-7860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #