

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90011 017 \*\*\*150.00

**DOCUMENT # F04000002566**  
 1. Entity Name  
**MSC CRUISES (USA) INC.**



Principal Place of Business  
**6750 N. ANDREWS AVE  
 FORT LAUDERDALE, FL 33309**

Mailing Address  
**2 S. BISCAYNE BLVD  
 SUITE 3400  
 MIAMI, FL 33131**

40034360



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**52-2442243**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GU CORPORATE SERVICES INC  
 2 S. BISCAYNE BLVD SUITE 3400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARENA, NICOLA <input type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SASSO, RICHARD <input type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALOMBA, ANIELLO <input type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT FEDELINI, SERGIO <input checked="" type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAGO, PIERFRANCESCO <input type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, GIACOMO <input type="checkbox"/> Delete 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: VAGO PIERFRANCESCO   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/4/07 Daytime Phone #: 954-726-262