


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90039 006 ***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
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50002145



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2442243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GY CORPORATE SERVICES INC
 2 S. BISCAYNE BLVD SUITE 3400
 MIAMI, FL 33131**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO D SASSO, RICHARD 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALOMBA, ANIELLO 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAGO, PIERFRANCESCO 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, GIACOMO 6750 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIBUOLA, DINO 6750 N. Andrews Avenue Fort Lauderdale, FL 33309

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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:  **RICHARDO E. SASSO** 8/19/08

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