

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002566

FILED
Apr 23, 2009
Secretary of State

Entity Name: MSC CRUISES (USA) INC.

Current Principal Place of Business:

6750 N. ANDREWS AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

6750 N. ANDREWS AVE
SUITE 100
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2 S. BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131

New Mailing Address:

6750 N. ANDREWS AVE
SUITE 100
FORT LAUDERDALE, FL 33309

FEI Number: 52-2442243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GIUSEPPE, CIAMPA
6750 N. ANDREWS AVE
SUITE 100
FORT LAUDERDALE, FL 33309 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: GIUSEPPE CIAMPA

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ARENA, NICOLA
Address: 6750 N. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PCEO () Delete
Name: SASSO, RICHARD
Address: 6750 N. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S () Delete
Name: PALOMBA, ANIELLO
Address: 6750 N. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33329

Title: D () Delete
Name: VAGO, PIERFRANCESCO
Address: 6750 N. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: COSTA, GIACOMO
Address: 6750 N. ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: SCHIBUOLA, DINO
Address: 6750 N ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD SASSO

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date