

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

*Received May 03 2005*

<b>DOCUMENT # P02000111743</b> 1. Entity Name <b>FLORIDA CRUISE LEADERSHIP COMMITTEE, INC.</b>	
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FILED

05 APR 29 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4539 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146</b>	Mailing Address <b>4539 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04292005    Chg-P    CR2E034 (10/03)

City & State Zip                      Country	City & State Zip                      Country
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4. FEI Number <b>04-3717272</b>	Applied For <input type="checkbox"/> Not Applicable
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**6. Name and Address of Current Registered Agent**

**CASO CASERTA, MARIA R**  
**4539 PONCE DE LEON BOULEVARD**  
**CORAL GABLES, FL 33146**

**7. Name and Address of New Registered Agent**

Name Street Address (P.O. Box Number is Not Acceptable)	City <b>FL</b> Zip Code
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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, 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	<b>DIP</b> <b>CASERTA, DAVID T</b> <input type="checkbox"/> Delete <b>4539 PONCE DE LEON BOULEVARD</b> <b>CORAL GABLES, FL 33146</b>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

100054043541

05/09/05--01022--001    \*\*450.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** DAVID CASERTA, president      4-29-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #