

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90566 030 \*\*\*150.00

<b>DOCUMENT # P97000087939</b> 1. Entity Name <b>EZ CRUISES COMPANY</b>					
Principal Place of Business <b>425 S CHICKASAW TR ORLANDO, FL 32825</b>			Mailing Address <b>P.O. BOX 721046 ORLANDO, FL 32872 US</b>		
2. Principal Place of Business <b>3001 Aloma Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Winter Park, FL</b>		City & State			
Zip <b>32792</b>		Country		4. FEI Number <b>59-3472537</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAGAN, MILAGROS 425 S CHICKASAW TRAIL #142 ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name <b>Pagan, Milagros</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Aloma Ave</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</b>		
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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MARTINEZ, MARGARITA P.O. BOX 721048 ORLANDO, FL 32878</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PAGAN, MILAGROS P.O. BOX 721048 ORLANDO, FL 32878</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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:			Date <b>4/29/05</b> Daytime Phone # <b>407-273-3487</b>		