

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90208 028 ***150.00



DOCUMENT # P06000084147
 1. Entity Name
PIRATE'S ADVENTURE, INC.

Principal Place of Business Mailing Address
6400 CARRIER DRIVE **6400 CARRIER DRIVE**
ORLANDO, FL 32819 US **ORLANDO, FL 32819 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

04252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CIBOTTI, ANDRES
6400 CARRIER DRIVE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name **STEVEN OPPENHEIM**
 Street Address (P.O. Box Number is Not Acceptable) **800 BRICKELL AVE**
STE. 1107
 City **MIAMI** FL Zip Code **33131**

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 *[Signature]* **STEVEN OPPENHEIM** DATE **4/24/07**
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P RIBA, RAMON
STREET ADDRESS	6400 CARRIER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V RIBA, ANTONIO
STREET ADDRESS	6400 CARRIER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S OPPENHEIM, STEVEN
STREET ADDRESS	800 BRICKELL AVE, STE. 1107
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V BAROSS, IMRE
STREET ADDRESS	6400 CARRIER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **STEVEN OPPENHEIM** DATE **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **305-371-8555**