

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000077220

**Entity Name:** BEST CRUISE CENTER, INC.

**Current Principal Place of Business:**

10275 COLLINS AVE,  
SUITE 1215  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

10275 COLLINS AVE,  
SUITE 1215  
BAL HARBOUR, FL 33154

**FEI Number:** 65-1034748

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DICKINSON, MICHIO  
10275 COLLINS AVE,  
SUITE 1215  
BAL HARBOUR, FL 33154 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name DICKINSON, MICHIO  
Address 10275 COLLINS AVE, STE 1215  
City-State-Zip: BAL HARBOUR FL 33154

Title CM  
Name DICKINSON, MICHIO  
Address 10275 COLLINS AVE, STE., 1215  
City-State-Zip: BAL HARBOUR FL 33154

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHIO DICKINSON

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date