

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 APR -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142004 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # 215436 1. Entity Name STARBOARD CRUISE SERVICES, INC.					
Principal Place of Business 8052 NW 14TH STREET MIAMI, FL 33126			Mailing Address 8052 NW 14TH STREET MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0861908 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Deborah D Skipper</i></u> Deborah D. Skipper <u>4/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signs and date when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, ROBIN 8052 NW 14TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY DAVID A. SUZUKI 525 MARKET STREET, 33RD FLOOR SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCIANO, WILLIAM 8052 N.W. 14TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZACHARIA, MICHAEL E 525 MARKET ST, 36TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGNUM, STEVE 525 MARKET ST 36TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>David A. Suzuki</i></u> DAVID A. SUZUKI			<u>4/1/04</u> 415 977 5805 <small>Date Daytime Phone #</small>		



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 546695 7222072

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 150.00

ORDER DATE : April 5, 2004

ORDER TIME : 10:54 AM

ORDER NO. : 546695-010

CUSTOMER NO: 7222072

CUSTOMER: Eric Lyddon Davis, Legal Asst
Dfs Group Limited
33rd Floor, First Market Tower
525 Market Street
San Francisco, CA 94105

ANNUAL REPORT FILING

NAME: STARBOARD CRUISE SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATION

292