

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1072

FILED

04 APR -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 215436</b> 1. Entity Name <b>STARBOARD CRUISE SERVICES, INC.</b>					
Principal Place of Business <b>8052 NW 14TH STREET MIAMI, FL 33126</b>		Mailing Address <b>8052 NW 14TH STREET MIAMI, FL 33126</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0861908</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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: <i>Deborah D Skipper</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Deborah D. Skipper</b> <small>(NOTE: Registered agents must sign and date when reinstating)</small>		<b>4/5/04</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 535 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	300031835943 <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: <i>David A. Suzuki</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>DAVID A. SUZUKI</b>		<b>4/1/04</b> <small>Date</small>	
				<b>415 977 5805</b> <small>Daytime Phone #</small>	



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



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 546695 7222072

AUTHORIZATION :

*Patricia Pappalardo*

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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04 APR -5 PM 12:54  
DIVISION OF CORPORATION