


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90077 003 ***158.75

| | | | | | |
|---|---|---------------------|---|--|--|
| DOCUMENT # 215436 1. Entity Name STARBOARD CRUISE SERVICES, INC. | | | |  | |
| Principal Place of Business 8400 N.W. 36TH STREET SUITE 600 MIAMI, FL 33166 | | | Mailing Address 8400 N.W. 36TH STREET SUITE 600 MIAMI, FL 33166 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8400 NW 36 ST #600 MIAMI FL 33166 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8400 NW 36 ST #600 MIAMI FL 33166 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4005-8 One Exchange Square 8 CONNAUGHT PLACE, CENTRAL HONG KONG | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4005-8 One Exchange Square 8 CONNAUGHT PLACE, CENTRAL HONG KONG | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SUZUKI, DAVID A 525 MARKET STREET, 33RD FLOOR SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4005-8 One Exchange Square 8 CONNAUGHT PLACE, CENTRAL HONG KONG | |
| 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: <u>W. J. LUCIANO</u> | | | 2005/02/21 786.845.7383 Date Daytime Phone # | | |