2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2007 8:00 am **Secretary of State DOCUMENT # 215436** 02-16-2007 90046 001 ***317.50 STARBOARD CRUISE SERVICES, INC. **DDUUL!** Mailing Address Principal Place of Business 8400 N.W. 36TH STREET 8400 N.W. 36TH STREET SUITE 600 SUITE 600 MIAMI, FL 33166 MIAMI, FL 33166 3. Mailing Address 2. Principal Place of Business - No PO Box # Suite, Apt. #, etc. Suite. Apt #, etc 01252007 CR2E034 (12/06) City & State Applied For 4. FEI Number City & State 59-0861908 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 PAGE 1 of 2 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 10 TOTLE □ Delete ☐ Addition TITLE NAME NORRIS ROBIN STREET ADDRESS 8400 NW 36 ST #600 STREET ADDRESS City-St-7IP MIAMI, FL 33126 CITY-ST-ZIP Delete TITLE Addition MICHAELIDES, ARES LUCIANO, WIELIAM NAME 8400 NW 36 ST #600 8400 NW 36 ST #600 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33126 -Delete Change ☐ Addition TITLE ZACHARIA, MICHAEL E NAME NAME STREET ADDRESS 4005-8 CONNANGHT PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP H, K central Change ☐ Delete TITLE Addition \mathcal{D} III) F MAME MAGNUM, STEVE NAME 4005-8 CONNAUGHT PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP H, K central CITY-ST-72P ☐ Defete TITLE TITLE ☐ Change ☐ Addition SUZUKI, DAVID A NAME 4005-8 CONNAUGHT PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP H. K central ☐ Defete TITLE MORRISON, RONNI 8400 NW 36 STA600 Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 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.

SIGNATURE AND CYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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DOCUMENT # 215436 1. Entity Name STARBOARD CRUISE SERVICES INC.			ATTACHMENT
Principal Place of Business 8400 N.W. 36TH STREET SUITE 600 MIAMI, FL 33166	Mailing Address 8400 N.W. 36TH STREE SUITE 600 MIAMI, FL 33166	ET	
Principal Place of Business - No P O Box # 3. Mailing Address			·
Suite. Apt. #. etc	Suite, Apt. #, etc		01252007 Chg-P• CR2E034 (12/06)
City & State	City & State		4. FEI Number Applied For 59-0861908 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of	of Current Registered Agent	Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 PAGE 2 OF 2 City Street Address (P.O. Box Number is Not Acceptable) Tip 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 Signature. Typed or printed name of registered agent and bits if approache. INDIE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			
	ERS AND DIRECTORS	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN U. O/C RENNAN, EDWARD J. OOS-8 ONE EXCHANGE SO. CONNAUGHT CENTRAL, HONG KONG
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addulion
TITLE NAME , STREET ADDRESS 4 CITY-ST-ZIP .	Delete	TITLE NAME STREET AD OR ESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY - ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dail Dayline Phone #			