

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90164 001 ***317.50

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**

66006456



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-0861908

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME NORRIS, ROBIN
STREET ADDRESS 8400 NW 36 ST #600
CITY-ST-ZIP MIAMI, FL 33126

TITLE DC ☐ Change ☒ Addition
NAME Edward J. Brennan
STREET ADDRESS 4005-B Connaught Place
CITY-ST-ZIP Hialeah, Central

TITLE VT ☐ Delete
NAME MICHAELIDES, ARES ☒
STREET ADDRESS 8400 NW 36 ST #600
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ZACHARIA, MICHAEL E ☒
STREET ADDRESS 4005-8 CONNAUGHT PLACE
CITY-ST-ZIP H, K central

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAGNUM, STEVE ☒
STREET ADDRESS 4005-8 CONNAUGHT PLACE
CITY-ST-ZIP H, K central

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME SUZUKI, DAVID A ☒
STREET ADDRESS 4005-8 CONNAUGHT PLACE
CITY-ST-ZIP H, K central

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MORRISON, RONNI ☒
STREET ADDRESS 8400 NW 36TH ST SUITE 600
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ares Michaelides 4/8/07 (786) 845-7433

Date

Daytime Phone #