

2008 FOR PROFIT CORPORATION ANNUAL REPORT


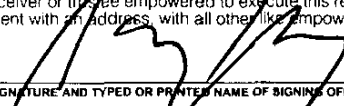
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Apr 11, 2008 8:00 am
Secretary of State

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03182008 Chg-P CR2E034 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0861908	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD <input checked="" type="checkbox"/> Delete	TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NORRIS, ROBIN	NAME	Edward J. Brennan		
STREET ADDRESS	8400 NW 36 ST #600	STREET ADDRESS	4005-B Connaught Place		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	H, K central		
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAELIDES, ARES <input checked="" type="checkbox"/>	NAME			
STREET ADDRESS	8400 NW 36 ST #600	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACHARIA, MICHAEL E <input checked="" type="checkbox"/>	NAME			
STREET ADDRESS	4005-8 CONNAUGHT PLACE	STREET ADDRESS			
CITY-ST-ZIP	H, K central	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGNUM, STEVE <input checked="" type="checkbox"/>	NAME			
STREET ADDRESS	4005-8 CONNAUGHT PLACE	STREET ADDRESS			
CITY-ST-ZIP	H, K central	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUZUKI, DAVID A <input checked="" type="checkbox"/>	NAME			
STREET ADDRESS	4005-8 CONNAUGHT PLACE	STREET ADDRESS			
CITY-ST-ZIP	H, K central	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISON, RONNI <input checked="" type="checkbox"/>	NAME			
STREET ADDRESS	8400 NW 36TH ST SUITE 600	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, with all other like empowered.					
SIGNATURE: 		Ares Michaelides 4/8/07 (786) 845-7433			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/8/07 Div/line Phone #: (786) 845-7433			