

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847272

FILED
Jan 04, 2008
Secretary of State

Entity Name: CARNIVAL CORPORATION

Current Principal Place of Business:

3655 N.W. 87TH AVE.
MIAMI, FL 331782428 US

New Principal Place of Business:

3655 N.W. 87TH AVE.
MLGL 815
MIAMI, FL 331782428 US

Current Mailing Address:

3655 N.W. 87TH AVENUE
MLGL 815
MIAMI, FL 331782428 US

New Mailing Address:

FEI Number: 59-1562976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ARNALDO
3655 NW 87TH AVENUE
MLGL 815
MIAMI, FL 331782428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: FRANK, HOWARD S
Address: 3655 NW 87TH AVE
City-St-Zip: MIAMI, FL 331782428 US

Title: CCEO () Delete
Name: ARISON, MICKY
Address: 3655 NW 87 AVE
City-St-Zip: MIAMI, FL 33178242 US

Title: VT () Delete
Name: BERNSTEIN, DAVID
Address: 3655 NW 87TH AVE
City-St-Zip: MIAMI, FL 331782428 US

Title: DCOO () Delete
Name: DICKINSON, ROBERT H
Address: 3655 NW 87 AVE.
City-St-Zip: MIAMI, FL 331782428 US

Title: VPS () Delete
Name: PEREZ, ARNALDO
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 331782428 US

Title: VCFO (X) Delete
Name: CAHILL, GERALD R
Address: 3655 N.W. 87 AVENUE
City-St-Zip: MIAMI, FL 331782428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: BERNSTEIN, DAVID C
Address: 3655 NW 87TH AVE
City-St-Zip: MIAMI, FL 331782428 US

Title: P (X) Change () Addition
Name: CAHILL, GERALD R
Address: 3655 NW 87 AVE.
City-St-Zip: MIAMI, FL 331782428 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S/ ARNALDO PEREZ

VP

01/04/2008

Electronic Signature of Signing Officer or Director

Date