

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90052 035 ***150.00

DOCUMENT # F02000005891

1. Entity Name
OCEANIA CRUISES, INC.



Principal Place of Business
**8120 NW 53RD STREET
SUITE 100
MIAMI, FL 33166**

Mailing Address
**8120 NW 53RD STREET
SUITE 100
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

01252005 Chg-P CR2E034 (10/03)

4. FEI Number
98-0382033

Applied For
Not Applicable

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

**COPROLITE CORPORATION
ONE S.E. THIRD AVENUE, SUITE 2130
MIAMI, FL 33131**

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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DPCE DEL RIO, FRANK 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTCF VAZQUEZ, JOSE 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLASS, STEPHEN A 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WATTERS, JOSEPH A 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVMO MANGACHI, ALFREDO 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVHO LINDSAY, ROBIN 8120 N.W. 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BINDER, ROBERT 8120 NW 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SAN MIGUEL, LUIS 8120 NW 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE ARMAS, RICK 8120 NW 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DREW, JEFF 8120 NW 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, VICTOR 8120 NW 53 ST., #100 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDSAY, ROBIN 8120 NW 53 ST., #100 MIAMI, FL 33166	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Blass

Date

Daytime Phone #

1/25/05 305-514-2300

ATTACHMENT

40007722

2005 for Profit Corporation Annual Report

Oceania Cruises, Inc.

Document No. F02000005891

Box 11 - Additional Officers (Continued)

(X)Addition

Title: V
Name: McCloud, Lori
Street Address: 8120 NW 53 Street, #100
City/State/Zip: Miami, FL 33166

(X)Addition

Title: VT
Name: Montague, Jason
Street Address: 8120 NW 53 Street, #100
City/State/Zip: Miami, FL 33166

(X)Addition

Title: V
Name: Rodriguez, James
Street Address: 8120 NW 53 Street, #100
City/State/Zip: Miami, FL 33166

(X)Addition

Title: V
Name: Semeraro, Franco
Street Address: 8120 NW 53 Street, #100
City/State/Zip: Miami, FL 33166

(X)Addition

Title: V
Name: Sherman, Howard
Street Address: 8120 NW 53 Street, #100
City/State/Zip: Miami, FL 33166