

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 008 ***150.00

DOCUMENT # F02000005891	
1. Entity Name OCEANIA CRUISES, INC.	

Principal Place of Business 8300 NW 33RD STREET SUITE 308 MIAMI, FL 33122	Mailing Address 8300 NW 33RD STREET SUITE 308 MIAMI, FL 33122
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40125893

07052007 Chg-P CR2E034 (12/06)

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 PINON, GEMA M 8300 SW 33RD STREET SUITE 308 MIAMI, FL 33122	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering)
Signature typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE DEL RIO, FRANK 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO, D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO SAN MIGUEL, LUIS 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Binder 8300 N.W. 33rd Street, Suite 308 Miami, FL 33122 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WATTERS, JOSEPH A 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adam Aron c/o Apollo Management, L.P. 9 West 57th Street, 43rd Floor, NY NY 10019 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GONZALEZ, VICTOR 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Anthony Civala c/o Apollo Management, L.P. 9 West 57th St, 43rd Floor NY, NY 10019 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVHO LINDSAY, ROBIN 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Steven Martinez c/o Apollo Management, L.P. 9 West 57th St, 43rd Floor NY NY 10019 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINON, GEMA M 8300 NW 33RD STREET STE 308 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Rick Press c/o Apollo Management, L.P. 9 West 57th St, 43rd Floor NY, NY 10019 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 134, 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 an other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR