

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000913

FILED
Apr 25, 2011
Secretary of State

Entity Name: INTERCRUISES SHORESIDE & PORT SERVICES, INC.

Current Principal Place of Business:

1428 BRICKELL AVE STE 304
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1428 BRICKELL AVE STE 304
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: C
Name: ROBINSON, MARK
Address: MOLL DE BACELONA S/N N. BUILDING 4TH FLOOR
City-St-Zip: BARCELONA, XX E-08039 SP

Title: D
Name: GARCIA, ANDRES
Address: MOLL DE BACELONA S/N N. BUILDING 4TH FLOOR
City-St-Zip: BARCELONA, XX E-08039 SP

Title: DP
Name: GLADSTONE, CELESTE
Address: 711 12TH AVE
City-St-Zip: NEW YORK, NY 10019

Title: V
Name: ANDERSON, THOMAS
Address: 1428 BRICKELL AVE STE 304
City-St-Zip: MIAMI, FL 33131

Title: S
Name: POOLE, WILLIAM M
Address: 201 17TH STREET NW, SUITE 1700
City-St-Zip: ATLANTA, GA 30363

Title: T
Name: NEWMAN, ANTHONY
Address: MOLL DE BACELONA S/N N. BUILDING 4TH FLOOR
City-St-Zip: BARCELONA, XX E-08039 SP

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POOLE

S

04/25/2011

Electronic Signature of Signing Officer or Director

Date