

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000913

FILED  
May 01, 2012  
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: D  
Name: ROBINSON, MARK  
Address: MOLL DE BACELONA S/N N. BUILDING 4TH FLOOR  
City-St-Zip: BARCELONA, XX E-08039 SP

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

Title: DP  
Name: O'CONNOR, KEVIN  
Address: 1428 BRICKELL AVE STE 304  
City-St-Zip: MIAMI, FL 33131

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

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date