

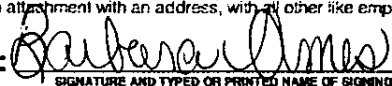


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90520 038 ***150.00

DOCUMENT # F30043 1. Entity Name CARNIVAL AMUSEMENTS CORPORATION					
Principal Place of Business 5520 SW 8TH STREET PLANTATION, FL 33317			Mailing Address 9720 PINES BLVD. PEMBROKE PINES, FL 33024-6228 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5520 SW 8TH ST		 04192005 Chg-P CR2E034 (10/03)	
City & State City: Plantation State: FL		4. FEI Number 59-2089406			
Zip 33317		Country USA			
6. Name and Address of Current Registered Agent TELLONE, JOSEPH D 5520 SW 8TH STREET PLANTATION, FL 33317				7. Name and Address of New Registered Agent 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S AMES, BARBARA 5520 SW 8TH ST PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TELLONE, JOSEPH D 5520 SW 8TH ST PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input 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: 		Date: 4-25-05 Daytime Phone #: 954-791-0781			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					