2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F95000003312

1. Entity Name
NEW COMMODORE CRUISE LINES LIMITED, INC.

Principal Place of Business	Mailing Address
6175 NW 153RD STREET STE 329 HIALEAH, FL 33014	6175 NW 153RD STREET STE 329 HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0586204		Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRITZKER, ALAN
C/O NORTH POINT
6175 NW 153RD STREET STE 325
HIALEAH, FL 33014

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IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VD
NAME	PRITZKER, ALAN
STREET ADDRESS	1371 NE 172 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162

TITLE	VD
NAME	MARTIN, JOSE
STREET ADDRESS	1260 REDBIRD AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80022-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JANUARY 9, 2008   305.788.9339
Date   Daytime Phone #