

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H24466

1. Entity Name
SIGHTSEEING CRUISES, INC.



Principal Place of Business
**C/O JOSEPH A. RUGARE, JR.
1000 SW FIRST WAY
BOCA RATON, FL 33486**

Mailing Address
**1000 SW 1ST WAY
BOCA RATON, FL 33486 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2461860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUGARE, JOSEPH A., JR.
1000 SW FIRST WAY
BOCA RATON, FL 33432**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RUGARE, JOSEPH A., JR.
STREET ADDRESS	1000 SW 1ST WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VP
NAME	RUGARE, JOSEPH A
STREET ADDRESS	7630 NW 47TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	ST
NAME	RUGARE, LUCILLE
STREET ADDRESS	1000 SW 1ST WAY
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/07-80012-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Joseph Rugare
Pres. Joseph Rugare

3/5/07
Date

561 487758
Daytime Phone #