2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 08:00 AM Secretary of State

DOCUMENT # M60542 1. Entity Name CRUISE SHOPPE OPERATIONS, INC.							Secretary of State				
Principal Place of Business 19900 N.E. 21ST COURT N. MIAMI BEACH, FL 33179 US				Mailing Address 19900 N.E. 21ST COURT N. MIAMI BEACH, FL 33179 US				.C. C.I.I.I. & C.I.C.I. & I.I.I.I. & I.I.I.I.	i 2:4:: 1:1:: (:::		CO I (1 1 3 1 3 14 1
2. Principal Place of Business				3. Making Address							
Surte, Apt. #, etc				Suite, Apt. #, etc.		04062004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State		4. FEI Numb 59-285				plied For Applicable	
Zip	Country		_ _	Zip Cour		olity	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Cur	rent Regis	egistered Agent Nam			7. Name and Address of New Registered Agent				
ROSENTHAL, ZEŁDA 19900 N.E. 21ST COURT N. MIAMI BEACH, FL 33179					Street Address	(PO Box Numb	per is Not Acceptable	e)			
					City			FL	Z _i p Code	,	
8. The above named enply 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 hyped or purison name of registered agent and site 4 applicable (NOTE Registered Agent signature recurred when tenstating) CATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees											
10.	D	OFFICERS	AND DIRE		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSENTHAL, ZELDA 19900 NE 21 CT.					IE EET ADDRESS - ST-ZIP		U00000 05/07/04-	157979 -80003-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY - ST - ZIP						į.				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Dalete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		3		_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-SI-ZIP				☐ Defele	ca	ME EET ADORESS Y-SY-ZIP				☐ Change	☐ 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 of 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: YEAR FRUITMAN OFFICER OR DIRECTOR Date Dayline Prove #											