


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**


06 SEP 18 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M60542</b> 1. Entity Name CRUISE SHOPPE OPERATIONS, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



09132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2854043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, ZELDA  
19900 N.E. 21ST COURT  
N. MIAMI BEACH, FL 33179

**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 \_\_\_\_\_ **300080194053**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

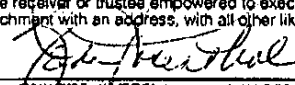
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENTHAL, ZELDA 19900 NE 21 CT. N MIAMI BCH., FL
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**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:  **9/18/06** **305-931-1509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #