


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000000340	
<b>1. Entity Name</b> CRUISERS OF SOUTH FLORIDA, INC	

<b>Principal Place of Business</b> 2211 NE 15TH COURT FORT LAUDERDALE, FL 33304	<b>Mailing Address</b> 2211 NE 15TH COURT FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 04-3596326	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DIDOMENICO, LEON  
2211 NE 15TH COURT  
FT LAUDERDALE, FL 33304

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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P SCHWARTZ, STEPHEN 5000 CLEVELAND STREET HOLLYWOOD, FL 33021
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S DIDOMINICO, CAROL 2211 NE 15TH COURT FORT LAUDERDALE, FL 33304
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD DIDOMENICO, LEON 2211 NE 15 CT. FORT LAUDERDALE, FL 33304
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ROGERS, BOB 1161 NW 70 TER. FORT LAUDERDALE, FL 33313
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BARNES, JAMES 8861 SW 49 CT. COOPER CITY, FL 33328
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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UN0000438028  
02/28/06-80072-002 61.25

**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 617, 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:** Leon M. Didomenico **2-12-06** **954-565-9253**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #