
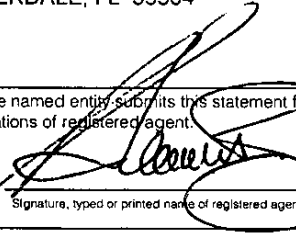
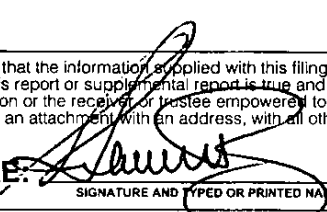


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90828 005 ****61.25

DOCUMENT # N02000000340					
1. Entity Name CRUISERS OF SOUTH FLORIDA, INC					
Principal Place of Business 2211 NE 15TH COURT FORT LAUDERDALE, FL 33304			Mailing Address % STEVE SCHWARTZ 5000 CLEVELAND ST. HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 5000 CLEVELAND ST		3. Mailing Address Suite, Apt. #, etc.			
City & State HOLLYWOOD FLA		City & State		4. FEI Number 04-3596326	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIDOMENICO, LEON 2211 NE 15TH COURT FT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name: Stephen Schwartz Street Address (P.O. Box Number is Not Acceptable): 5000 CLEVELAND ST City: HOLLYWOOD FLORIDA State: FL Zip Code: 33021		
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:  PRESIDENT Stephen Schwartz (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, STEPHEN 5000 CLEVELAND STREET HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIDOMINICO, CAROL 2211 NE 15TH COURT FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 6216 LANDINGS BLVD LADY LAKE FLORIDA 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIDOMENICO, LEON 2211 NE 15 CT. FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BOB 1161 NW 70 TER. FORT LAUDERDALE, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES 8861 SW 49 CT. COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVELYN Schwartz 5000 CLEVELAND ST HOLLYWOOD FL 33021	
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: 			Stephen Schwartz		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/24/07		
DAYTIME PHONE #			5616202124		