2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 FEB -3 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000657

1. Entity Name
CRUISE STAFF INC.

Principal Place of Business	Mailing Address
218 COMMERCIAL BLVD #101 FT LAUDERDALE, FL 33308	218 COMMERCIAL BLVD #101 FT LAUDERDALE, FL 33308

01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		5295 Town Center Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 101	
City & State		City & State Boca Raton FL	
Zip	Country	Zip 33486	Country Palm Beach

4. FEI Number 65-1094872 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIATER, KEITH M 218 COMMERCIAL BLVD #101 FT LAUDERDALE, FL 33308	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code 32301

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] Maureen Cullen, Asst Vice President 2/2/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIATER, KEITH M. 218 COMMERCIAL BLVD #101 FT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RICHARD ALTOMARE 5295 TOWN CENTER ROAD SUITE 101 BOCA RATON FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S00028168385	☐ 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 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] RICHARD ALTOMARE 1/28/03 5613676177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 420704 4347038

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : February 2, 2004

ORDER TIME : 12:40 PM

ORDER NO. : 420704-005

CUSTOMER NO: 4347038

CUSTOMER: Mr. Chris G. Gunderson
Universal Express Inc.
Suite 771, Rockefeller Center
1230 Avenue Of The Americas
New York, NY 10020

RECEIVED
04 FEB -3 PM 2:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: CRUISE STAFF INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 2932

EXAMINER: _____