

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 036 \*\*\*150.00


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03262005 Chg-P CR2E034 (10/03)

**DOCUMENT # P02000035817**

1. Entity Name  
 PROMOTIONS AND CRUISES, INC.



Principal Place of Business: ~~2800 E. OAKLAND PARK BLVD., #302 FORT LAUDERDALE, FL 33306~~  
 451 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334

Mailing Address: ~~2800 E. OAKLAND PARK BLVD., #302 FORT LAUDERDALE, FL 33306~~  
 SAME

2. Principal Place of Business: 451 E COMMERCIAL BLVD  
 Suite, Apt. #, etc.

3. Mailing Address: 451 E COMMERCIAL BLVD  
 Suite, Apt. #, etc.

City & State: FT LAUDERDALE, FL  
 Zip: 33334 Country

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 Zip: 33334 Country

4. FEI Number: 27-0007554 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JONES, MICHAEL, 440 SOUTH ANDREWS AVENUE, FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent: Name, Street Address, City, Zip Code (FL)

B. 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.

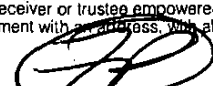
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, FRANK	NAME	451 E COMMERCIAL BLVD
STREET ADDRESS	<del>2800 E. OAKLAND PARK BLVD., #302</del>	STREET ADDRESS	FT LAUDERDALE, FL 33334
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33306</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X  DATE: 4/13/05 DAYTIME PHONE: x934-565-7266