			×		55-035-\$158.75-	111		
. Entity Name	MENT # P03000029			Al.			17	
CRUISE T	IMBER COMPANY, INC.				04 JUL -1	3 8 1 21		
rincipal Place	of Business	Mailing Address			TALLAHAS	SFF FL	JRIDA	
O BOX 112		P.O BOX 11296	2302011-12-38		TALLANA	101	:	
at s to be the second	· ·		* • • • • •		Lin Lin (in Cin Cin II)	in the and in	i i i i i i i i i i i i i i i i i i i	
	ace of Business	3. Mailing Address			I BANI ALI I KANI ARIJA MATA	EN ELEN HIJO KAL	NATI () INN	
Suite, Apt. (Suite, Apt. #, etc.	ی ایک میں میں ایک میں ایک میں ایک میں میں ایک میں ایک میں ایک میں ایک میں میں ایک میں میں میں میں میں میں میں م میں میں میں میں میں میں میں میں میں میں	04302004Ch	G.PCR2E	034 (10/03)	·	
City & State		City & State		4. FELNUTIBET	8 7170	Not	Applicable	
Ζφ	Country		Country	5. Certificate of Statu		\$8.75 Addit Fee Required		
	6. Name and Address of Curren	it Registered Agent		7. Name and Addres	a of New Hegistered	Agent	······································	ł
1113, PAUL	JZ, SONJA M RUSSELL RD SEE, FL 32301			ss (P.O. Box Number is Not	Acceptable)			- C
			· · · · · · · · · · · · · · · · · · ·					
ء ج	B.	متور ^{عت} ر مت مترو ^{عتر} متر من مدر من مدر م		······	·····			
the obligati SIGNATURE	named entity submits this statement i ons of registered agent. Signature, typed or primed refer of registered agent E. NOWILL FEE IS \$150.00	tor the purpose of changing in mand inte # approable. (NC 	City ts registered office or regi DTE: Registered Agere eignstore registered palgn Financing	uirad when rehetating)	FI State of Florida. 1 art DATE			
the obligati SIGNATURE	named ently submits this statement i ions of registered agent. Signature, typed or privad reference agen	tor the purpose of changing in mand He # approxible (MC 9. Election Camp Trust Fund Co	City ts registered office or regi DTE: Registered Agere eignstore registered palgn Financing	uired when reheating) \$5.00° May Be Added to Fees	State of Florida. 1 an	• (amiliar with, a	Ind accept	
the obligati SIGNATURE	ramed ently submits this statement i lons of registered agent. Signature, typed or primed referse of registered age E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D	tor the purpose of changing in mand He # approxible (MC 9. Election Camp Trust Fund Co	City ts registered office or registered office or registered office or registered Agens eignature regi	uired when reheating) \$5.00° May Be Added to Fees	e State of Florida. I an DATE	• (amiliar with, a	Ind accept	
the obligati SIGNATURE_ FILL After Ma 10. TITLE NAME STREET ADDRESS	named entity submits this statement i lons of registered agent. Signature, typed or primed refer of registered age E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI	for the purpose of changing in mand ble # apprcable (NC 9. Election Camp Trust Fund Co D DIRECTORS	City ts registered office or regis DTE: Registered Agens eignature reg palgon Financing mtribution.	uired when reheating) \$5.00° May Be Added to Fees	e State of Florida. I an DATE	familiar with, e	IN 11	
the obligati SIGNATURE_ FILL After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	ramed ently submits this statement to ons of registered agent. Signature, typed or privad ruline of registered agent E: NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	for the purpose of changing in mand ble # apprcable (NC 9. Election Camp Trust Fund Co D DIRECTORS	City ts registered office or regi DTE: Projectered Agent eignature reg palgin Financing ntribution.	uired when reheating) \$5.00° May Be Added to Fees	e State of Florida. I an DATE	familiar with, e	IN 11	
the obligati SIGNATURE_ FILL After Ma 10. TITLE NAME STREET ADDRESS STREET ADDRESS	ramed ently submits this statement to ons of registered agent. Signature, typed or privad ratine of registered age E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11298	for the purpose of changing in mand kits # app'cable. (NC 	City ts registered office or registered DTE: Pegistered Agent eigrature registered palgn Financing II. TILE NAME STREET ADORESS CITY-SI-2P	uired when reheating) \$5.00° May Be Added to Fees	e State of Florida. I an DATE	- (familiar with, a	IN 11	
the obligati SIGNATURE_ FILL After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE	named entity submits this statement i ons of registered agent. Signame, need or protect refer agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D E LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	for the purpose of changing in mand kits # app'cable. (NC 	City ts registered office or regi DTE: Registered Agent algorithm reg salgn Financing I1. TITLE NAME STREET ADORESS CITY-S1-2P TITLE STREET ADORESS STREET ADORES STREET ADORESS STREET ADORES	uired when reheating) \$5.00° May Be Added to Fees	ES TO OFFICERS AN	familiar with, a	IN 11	
the obligati SIGNA TURE_ FILL After Ma 10. TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME: ; , , , , , , , , , , , , , , , , , ,	named entity submits this statement i ons of registered agent. Signature, typed or protect refer of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	tor the purpose of changing in reard inte # approable. (NC 9. Election Camp Trust Fund Co D DIRECTORS Delete Delete	City Its registered office or regi DTE: Registered Agent elgrature reg Datign Financing II. ITTLE NAME STRET ADORESS CITY-SI-2P ITTLE	uired when reheating) \$5.00° May Be Added to Fees	ES TO OFFICERS AN	familiar with, a familiar with, a	IN 11 Addition	
the obligati SIGNATURE_ FILL After Ma 10. 10. 10. 10. 10. 10. 10. 10.	named entity submits this statement i ons of registered agent. Signature, typed or protect refer of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	tor the purpose of changing in reard inte # approable. (NC 9. Election Camp Trust Fund Co D DIRECTORS Delete Delete	City is registered office or regi DTE: Projectered Apprendicative reg oblight Financing II. ITTLE INAME STREET ADORESS CITY-SI-ZP ITTLE	uired when reheating) \$5.00° May Be Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN	familiar with, a familiar with, a familiar with, a D DIRECTORS D DIRECTORS Change Change Change Change Change	IN 11 Addition	
the obligati SIGNATURE_ After Ma 10. 10. 10. 11. STRET ADORESS CITY-SI-2P TILE NAME STRET ADORESS CITY-SI-2P TILE NAME STRET ADORESS CITY-SI-2P TILE NAME STRET ADORESS	named entity submits this statement i ons of registered agent. Signature, typed or protect refer of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	tor the purpose of changing in mand inte # approxime (NC 9. Election Camp Trust Fund Co DDIRECTORS	City Is registered office or regi DTE: Projected Apprendication regi Dation Financing II. TITLE NAME STRET ADORESS CITY-SI-ZP TITLE	uired when reheating) \$5.00° May Be Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN		IN 11 Addition	
the obligati SIGNA TURE_ FILL After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	named entity submits this statement i ons of registered agent. Signature, typed or protect refer of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	tor the purpose of changing in mand inte # approxime (NC 9. Election Camp Trust Fund Co DDIRECTORS	City Is registered office or regi DTE: Pogistered Agent eigrature reg Datign Financing II. TITLE NAME STRET ADORESS CITY-SI-ZP STRET ADORESS CITY-SI-ZP TITLE NAME STRET ADORESS CITY-SI-ZP STRET ADORE	Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN		IN 11 Addition	
the obligati SIGNA TURE_ After Ma 10. TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS STREET ADORESS	named entity submits this statement i ons of registered agent. Signature, typed or protect refer of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AND D DE LA CRUZ, SONJA M P O BOX 11296 TALLAHASSEE, FL 32302	tor the purpose of changing in mand its # applicable. (NC 9. Election Camp Trust Fund Co D DIRECTORS D DIRECTORS Delets	City ts registered office or regi DTE: Projitiend Agent eignature reg Dalign Financing I1. TITLE NAME STRET ADORESS CITY-S1-2P TITLE STRET ADO	uired when reheating) \$5.00° May Be Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN		IN 11 Addition	
the obligati SIGNA TURE_ After Ma 10. TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME	ramed ently submits this statement i ons of registered agent. Signature, typed or protect referse of registered agent E: NOWIL: FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D DE LA CRUZ, SONJA M P O BOX 11298 TALLAHASSEE, FL 32302	tor the purpose of changing in reard bits # approximation (NC 9. Election Camp Trust Fund Co D DIRECTORS Delete Delete	City ts registered office or regi DTE: Projitiend Agent eignature reg Dalign Financing I1. TITLE NAME STRET ADORESS CITY-S1-2P TITLE STRET ADO	Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN		IN 11 Addition	
the obligati SIGNA TURE_ After Ma TO. TILE NAME STREET ADORESS CITY-ST-ZP TILE NAME STREET ADORESS CITY-ST-ZP TILE NAME STREET ADORESS CITY-ST-ZP TILE NAME STREET ADORESS CITY-ST-ZP TILE NAME STREET ADORESS CITY-ST-ZP	ramed ently submits this statement i ons of registered agent. Signature, typed or protect referse of registered agent E: NOWIL: FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D DE LA CRUZ, SONJA M P O BOX 11298 TALLAHASSEE, FL 32302	tor the purpose of changing in reard its # approximate (NC 9. Election Camp Trust Fund Co D DIRECTORS D Detete Detete Q Detete	City ts registered office or registered of iteration registered of iteration registered office or registered office or registered of iteration registered office or registered or registered office or registered or register	Added to Fees	State of Florida. 1 an DATE SES TO OFFICERS AN		IN 11 Addition	