2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State

DOCUMENT # P04000019096 1. Entity Name CRUISE DESIGNS, INC.						07-11-2005	5 90199 036 °	***150).00
Principal Place of Business P.O. BOX 7651 FT. LAUDERDALE, FL 33338		Mailing Address P.O. BOX 7651 FT. LAUDERDALE, FL 33338			PRIS REPIGENTIL BRANI	nire ngiệi hiệ(h lgch ngi	IO SPISE RII) EQ 1 (1 1981)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062005	Chg-P	CR2E034 (1	10/03)	
City & State		City & State		4. FEI Numb		•	\rightarrow	plied For	
Zip Country		Zip Country		ntry		of Status Desired	┌ \$8.`	75 Add	t Applicable itional
	6. Name and Address of Curren	t Pagistared Asset	Ь	1	7 Name and	Address of New		Required	j
	6. Name and Address of Curren	r Registered Agent		Name	7. Name and	Audress of New	negistered Agen		
STAIANO, GIULIO 6466 NW 5TH WAY			Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDE			-						
				City			FL 2	Zip Code	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	s register	ed office or reg	istered agent, or bo	th, in the State of F	lorida. I am famili	ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	v and litta if annilicable (NO)	TF: Remeters	art Ament tignature re	quired when reinstating)		DATE		
	Signatura, typad or prinsed hama or registered again	R BITO (IND II APPIICADIC. (110)	re. registere	o Again aignathio le	quied wien renstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193 I not receive the	(2)(b), prior r	F.S., the otice.
10. OFFICERS AND DIRECTORS 11.					ADDITIONS	CHANGES TO OF	FICERS AND DIR	ECTORS	S IN 11
TITLE	P	☐ Defete T						Change	Addition
NAME STREET ADDRESS	P.O. BOX 7651			EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE NAME STREET ADDRESS	NA SI			ME EET ADDRESS				Change	☐ Addition
CITY-ST-ZIP				r-ST-ZIP				0	T Address
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,				Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI	I .				Change	Addition
CITY-ST-ZIP			CITY	r-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM	AE				Change	Addition
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TITLE NAME		☐ Delete	TITL NAM	I .			. 🗆	Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (+ST-ZIP					
	tertify that the information supplied wi	th this filing does not qualify to	or the exe	emotion stated i	in Section 119.07(3)	(i). Florida Statutes	. I further certify th	nat the in	Mormation

rimetory certify final trie information supplies with this little and oses not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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: