2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
05-02-2005 90412 032 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000105128

1. Entity Name
FT. LAUDERDALE DINNER CRUISES, INC.

Principal Place of Business	Mailing Address
1975 EAST SUNRISE BLVD. SUITE 602 FT. LAUDERDALE, FL 33304	1975 EAST SUNRISE BLVD. SUITE 602 FT. LAUDERDALE, FL 33304
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2145144 ☐ 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
VERONA, JOSE A 1975 EAST SUNRISE BLVD. SUITE 602 FT. LAUDERDALE, FL 33304	Name PATRICE KEVANE Street Address (P.O. Box Number is Not Acceptable) 1975 E SUNRISE BLVD, STE 602 City Ft. LAUDERDALE FL Zip Code 33304

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] PATRICE KEVANE, MANAGING DIRECTOR 4/29/05
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. VERONA, JOSE A 1975 EAST SUNRISE BLVD. SUITE 602 FT. LAUDERDALE, FL 33304 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PATRICE KEVANE 1975 E. SUNRISE BLVD., SUITE 602 Ft. LAUDERDALE, FL 33304 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. CAMPBELL, JAMES 1975 EAST SUNRISE BLVD. SUITE 602 FT. LAUDERDALE, FL 33304 ☑ 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
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

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] PATRICE KEVANE, MANAGING DIRECTOR 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954) 832-0500