

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-23-2007 90047 001 ***450.00

DOCUMENT # P06000055657 1. Entity Name CRUISIN & DESTINATIONS, INC.																													
Principal Place of Business 5032 SW 94TH AVENUE COOPER CITY, FL 33328			Mailing Address 5032 SW 94TH AVENUE COOPER CITY, FL 33328																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2755 NE 30TH AVE Suite, Apt. #, etc.																											
City & State Zip		City & State LAKE HAVEN, FL Zip 33064		4. FBI Number 20-4774336 Applied For Not Applicable																									
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 499 WEST PALMETTO PARK ROAD SUITE 300 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DPS</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MYMAN, SHERYL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5032 SW 94TH AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>COOPER CITY, FL 33328</td> <td></td> </tr> </table>			TITLE	DPS	☐ Delete	NAME	MYMAN, SHERYL		STREET ADDRESS	5032 SW 94TH AVENUE		CITY - ST - ZIP	COOPER CITY, FL 33328		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	☒ Change ☐ Addition	NAME		STREET ADDRESS		CITY - ST - ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.																													
SIGNATURE: / PRES.			3/1/07 954-647-5225																										
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date																										

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