

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90019 047 \*\*\*158.75

**DOCUMENT # P06000138602**

1. Entity Name  
**M.K. CRUISES, INC.**



**40099533**

Principal Place of Business  
**999 PONCE DE LEON BOULEVARD  
SUITE 50  
CORAL GABLES, FL 33134**

Mailing Address  
**999 PONCE DE LEON BOULEVARD  
SUITE 50  
CORAL GABLES, FL 33134**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02032008 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**20-8441618**

Applied For  
Not Applicable

City & State  
Zip Country

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

City & State  
Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ & MARCELO-ROBAINA, P.A.  
6303 BLUE LAGOON DR  
STE 390  
MIAMI, FL 33126**

Name  
**BAROUH, ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)  
**13165 SW 142nd Ter**

City  
**MIAMI, FL** Zip Code  
**33186**

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]* DATE **2/18/08**

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, 2008 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	PSD CACHALDORA, MARIA A 999 PONCE DE LEON BOULEVARD #50 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *[Signature]* DATE: **2/18/08** (305) 645-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR