

PO7000060472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

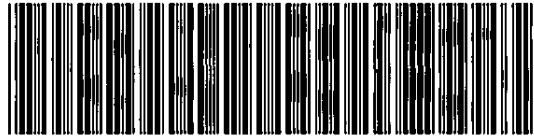
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09 MAY 21 AM 11:45  
SECRETARY OF STATE  
FALL ANGELES FL 32209

RA Chang  
05/28/09  
DC

05-05-09

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

Cruise Groups International, Inc.

Name of Corporation

DOCUMENT NUMBER:

P07000060472

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DREW AXELROD

Name of Contact Person

CRUISE GROUPS INTERNATIONAL, INC.

Firm/Company

823 S.E. 18<sup>th</sup> St

Address

FORT LANDERDALE, FL 33316

City/State and Zip Code

cruise@groups@hotmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DREW AXELROD

Name of Contact Person

at (754) 246-2874

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

05-05-09

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CRUISE GROUPS INTERNATIONAL, INC.  
2. The principal office address: 823 S.E. 18<sup>th</sup> ST.  
PORT LAUDERDALE, FL 33316  
3. The mailing address (if different): SAME AS ABOVE  
4. Date of incorporation/qualification: 5/21/2007 Document number: P07000060472

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

(RESIGNED)

SPIEGEL & UTRERA, P.A.  
1840 SW 22<sup>ND</sup> ST.  
MIAMI, FL 33145

(RESIGNED)

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

DREW AXELROD  
823 S.E. 18<sup>th</sup> ST.

PORT LAUDERDALE, FL 33316

P.O. Box NOT acceptable

FILED  
09 MAY 21 2009  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Drew Axelrod, President

Signature of an officer or director

DREW AXELROD

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Drew Axelrod

Signature of Registered Agent

05/05/09

Date

If signing on behalf of an entity:

DREW AXELROD 05-05-09

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)