

P10000054690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

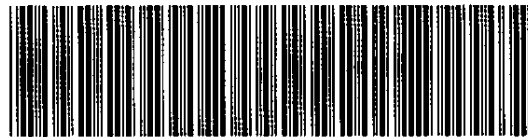
(Document Number)

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07/06/10--01007--001 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*ASR*  
*7/22/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRUISEAWAY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000054690

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:

PAUL RONCA

Name of Contact Person

CRUISEAWAY, INC.

Firm/Company

7850 NW 146th ST. #513

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

PRONCATAX @ AOL.COM

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

For further information concerning this matter, please call:

PAUL RONCA

Name of Contact Person

at (305) 824-0078

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2010

Paul Ronca  
Cruiseaway, Inc.  
7850 NW 146th St #513  
Miami-Lakes, FL 33016

SUBJECT: CRUISEAWAY, INC.  
Ref. Number: P10000054690

We have received your document for CRUISEAWAY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for an alien corporation and yours is a Florida domestic profit corporation. I have enclosed the correct form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 010A00016673

RECEIVED  
JUL 22 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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: CRUISEAWAY, INC.
2. The principal office address: 7850 NW 146th ST. #513  
MIAMI LAKES, FL 33016
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 6/30/10 Document number: P10000054690
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)

MARK W. FISK  
18300 NW 62nd Ave.  
HIACLEAH, FL 33015

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

PAUL ROLCA  
7850 NW 146th ST. #513  
MIAMI LAKES, FL 33016

P.O. Box NOT acceptable

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.

John F. Batista  
Signature of an officer or director

JOHN F. BATISTA-PRES  
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.

Paul Rolca  
Signature of Registered Agent

7/19/2010  
Date

If signing on behalf of an entity:

PAUL ROLCA  
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)

2010 JUL 22 PM 14:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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