

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90002 040 \*\*\*550.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**54070611**



08182004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P33090</b> 1. Entity Name <b>CRYSTAL CRUISES, INC.</b>					
Principal Place of Business <b>2049 CENTURY PARK E SUITE 1400 LOS ANGELES, CA 90067 US</b>			Mailing Address <b>2049 CENTURY PARK E SUITE 1400 LOS ANGELES, CA 90067 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc. <i>Attn: Treasury Dept.</i> City & State  Zip      Country			
4. FEI Number <b>95-4156825</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, DALE T 159 STAGECOACH ROAD BELL CANYON, CA 91307	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENTI, JOSEPH L 10380 WILSHIRE BLVD #1801 LOS ANGELES, CA 90024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAKAHASHI, MITSUHIKO 252 S. JUNE STREET LOS ANGELES, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAITO, YASUSHI 4612 GLENCOE AVE STE 4 MARINA DEL RAY, CA	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, MICHEL T 2049 CENTURY PARK E STE 1400 LOS ANGELES, CA 90067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, DAVID R 2049 CENTURY PARK E STE 1400 LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Shinji Imasaki 2049 Century Park East Ste 1400 Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hiroyuki Endo 2049 Century Park East Ste 1400 Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>[Signature]</i> <b>Shinji Imasaki</b> 8/18/04      (310) 785-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					