

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90269 047 \*\*\*150.00

DOCUMENT # P93000013608

1. Entity Name

AMBASSADOR CRUISE LINES, INC.



Principal Place of Business

2621 NO. FEDERAL HIGHWAY  
BOCA RATON FL 33431-7785  
US

Mailing Address

2621 NO. FEDERAL HIGHWAY  
BOCA RATON FL 33431-7785  
US

2. Principal Place of Business

600 So. DIXIE H'WAY  
Suite, Apt. #, etc.  
#209  
City & State  
BOCA RATON, FL  
Zip  
33432 Country  
USA

3. Mailing Address

600 So. DIXIE H'WAY  
Suite, Apt. #, etc.  
#209  
City & State  
BOCA RATON, FL  
Zip  
33432 Country  
USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0390924

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, PHILIP E  
129 EAST HALLANDALE BEACH BLVD  
SUITE #1  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name  
SIMON, PHILIP E  
Street Address (P.O. Box Number is Not Acceptable)  
600 So. DIXIE H'WAY  
SUITE # 209  
City  
BOCA RATON FL 33432

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

*Philip E. Simon* PRESIDENT

4/16/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, ZINA	
STREET ADDRESS	536 NE 199TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	PDVS	<input checked="" type="checkbox"/> Delete
NAME	SIMON, PHILIP E	
STREET ADDRESS	536 NE 199TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMON, PHILIP E	
STREET ADDRESS	536 NE 199TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, ZINA	
STREET ADDRESS	600 So. DIXIE H'WAY	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PDVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	
STREET ADDRESS	600 So. DIXIE H'WAY STE #209	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	
STREET ADDRESS	600 So. DIXIE H'WAY STE #209	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Philip E. Simon* PRESIDENT

4/16/04 561-620-8500

SIGNATURE AND FULL OR PRESENT NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #