

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90052 038 \*\*\*150.00

**DOCUMENT # P94000031092**

1. Entity Name  
**DISCOVERY SUN CRUISES, INC.**



Principal Place of Business  
**1775 N.W. 70TH AVE.  
MIAMI, FL 33126**

Mailing Address  
**1775 N.W. 70TH AVE.  
MIAMI, FL 33126**

**40023587**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0499712</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**CARRERAS. RAFAEL  
1775 N.W. 70TH AVE.  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 of the person who is the registered agent and the filer.

Signature of the person who is the registered agent and the filer.

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>ORDONEZ. RAFAEL A</b>
STREET ADDRESS	<b>1775 N.W. 70TH AVE</b>
CITY ST ZIP	<b>MIAMI, FL 33126</b>

TITLE	<b>D</b>
NAME	<b>CARRERAS. RAFAEL</b>
STREET ADDRESS	<b>1775 NW 70 AVE</b>
CITY ST ZIP	<b>MIAMI, FL 33126</b>

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR