

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2008 8:00 am
Secretary of State

04-16-2008 90015 013 ***150.00

DOCUMENT # P96000073918 1. Entity Name CRUISE MASTER PLUS, INC.	
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Principal Place of Business 4527 N PINE ISLAND RD SUNRISE, FL 33351	Mailing Address 4527 N PINE ISLAND RD SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE

- 66013998



03252008 No Chg-P CR2E034 (11/05)

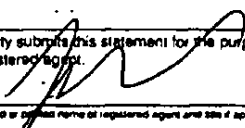
4. FEI Number 65-0691378	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHMAN, JEFFREY
1300 NW 116 AVE
PLANTATION, FL 33323

**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:  DATE: 5/10/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature returned when certifying)

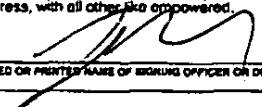
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCHMAN, JEFFREY 1300 NW 116 AVE PLANTATION, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 5/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR