2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2006 08:00 AM Secretary of State

, ANTOAL ILL OIL				S4 C C 4-4-			
DOCUMENT # P97000077442 C. Entity Name DISCOVERY CRUISE SERVICES, INC.				Secretary of State			
Principal Plac	e of Business	Malling Address		1			
1775 NW 70		1775 NW 70TH AVE					
MIAMI, FL 3	3126	MIAMI, FL 33726					
				04272006	No Chg-P	CR2E034 (11/05)
				4. FEI Number 65-0754			Applied For Not Applicable
				5. Certificate of	of Status Dosired		75 Additional Required
	6. Hame and Address of Current R						
	AS, RAFAEL 70TH AVENUE 33128				·		
 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. Lam familiar with, and accept the obligations of registered agent. 							
SIGNATURE.	Signature, lyped or political name of registered agent on	d tita l'epplicable. (NOTE, Registere	d Agent signature requires	when reinstaling)		DATE	
				.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	1				
TITLE NAME STREET ADDRESS	D ORDONEZ, RAFAEL A 1775 N.W. 70TH AVENUE						
CHTY-ST-ZIP	MIAMI, FL 33126		ł		unnan	DEC4007	
name Name Street address Giv-St-ZP	CARRENAS, RAY 1775 N.W. 70TH AVENUE MIAMI, FL 33126	··			82/20/06-	0564807 -80030 - 0	14 150.00
Tible Name Street Address Cay-St-Ap							
HILE			\$				
NAME STREET ADDRESS			}				
CITY-SI-ZP			1				
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NA/AL			Į.				
Street adoress City-St-Ap			j				
TILE	}		1				
NAME			1				
STREET ADDRESS GITY-ST-DP			<u> </u>		_		
12. Thereby a	certify that the information supplied with ti	his filing does not qualify for the exe	emptions contained	i in Chapter 119,	Florida Statutes, i i	luther certify th	nat the information

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter (19, Forida Statutes, 1 number certify that the information indicated on this report or supplicmental report is true and accurate and that my signature shall have the same logal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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: _

STORATIFIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/86 (305) 591-87 90