2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90566 030 ***150.00

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1. Entity Name
EZ CRUISES COMPANY

Principal Place of Business	Mailing Address
425 S CHICKASAW TR ORLANDO, FL 32825	P.O. BOX 721046 ORLANDO, FL 32872 US

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3001 Aloma Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, Fl	City & State
Zip: 32792 Country	Zip Country

4. FEI Number: 59-3472537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAGAN, MILAGROS
425 S CHICKASAW TRAIL #142
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name: Pagan, Milagros
Street Address (P.O. Box Number is Not Acceptable): 3001 Aloma Ave
City: Winter Park FL Zip Code: 32792

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: Milagros Pagan
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MARTINEZ, MARGARITA	
STREET ADDRESS	P.O. BOX 721048	
CITY-ST-ZIP	ORLANDO, FL 32878	
TITLE	D	☐ Delete
NAME	PAGAN, MILAGROS	
STREET ADDRESS	P.O. BOX 721048	
CITY-ST-ZIP	ORLANDO, FL 32878	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ 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: Milagros Pagan 4/29/05 407-273-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #