

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

182
2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # **P99000066405**
1. Entity Name
CARMEL CRUISE & TOUR INC.

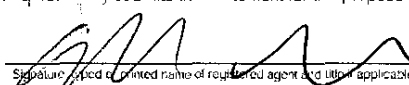
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5450 S STATE RD 7 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State FL Lauderdale		City & State 	
Zip FL	Country 33314	Zip 	Country

REINSTATEMENT **03-04**
DO NOT WRITE IN THIS SPACE **M.R.D.**

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0848925		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Shifra Pinchas Street Address (P.O. Box Number is Not Acceptable) 5450 S STATE RD 7 City FL Lauderdale Zip Code 33314		

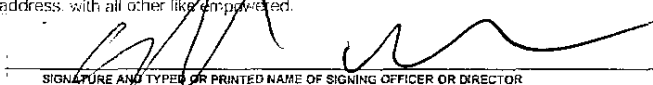
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Signature of registered agent and, if applicable, of the corporation. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Shifra Pinchas 5450 S STATE RD 7 FL Lauderdale FL 33314	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800037292928 05/25/04--01052--013 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

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CARMEL CRUISE & TOUR II, INC.
5450 S STATE RD 7 STE 40
HOLLYWOOD, FL 33314

April 1, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: CARMEL CRUISE & TOUR II, INC.
DOC#P99000066405

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are my 2003-2004 UBR forms with my fee of \$300.00

Thank you very much for your help and understanding.

Sincerely,

Shifra Pinhas