2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90025 003 ***150.00

DOCUMENT # V35353

1. Entity Name

STERLING CRUISES, INC.

Principal Place of Business	Mailing Address
5313 NW 79 AVE MIAMI FL 33166 US	~~5313 NW 79 AVE~~ MIAMI FL 33166 US

~4022888

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
8700 WEST FLAGLER ST	8700 WEST FLAGLER ST
Suite, Apt. #, etc. #105	Suite, Apt. #, etc.
City & State MIAMI FLA	City & State Same
Zip 33174-2428 Country	Zip Country

4. FEI Number 65-0332006 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ALVAREZ, ANA M.~~
~~5313 NW 79 AVE~~
~~MIAMI FL 33166~~

NEW ADDRESS
STERLING CRUISES
8700 W. Flagler Street
Suite 105
Miami, Fl 33174
1 800 435-7967

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ALVAREZ, ANA M. ~~5313 NW 79 AVE~~ MIAMI FL	☐ Delete	SAME 8700 W. FLAGLER ST #105 MIAMI, FLA 33174-2428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Ana M. Alvarez 03/15/04 (305) 592-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #