## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 23, 2005 08:00 AM DOCUMENT # V52700 **Secretary of State** t. Entity Name A + C CRUISES, INC. Principal Place of Business Malling Address 9000 SHERIDAN ST 9000 SHERIDAN ST STE 152 STE 152 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 US No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0346572 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MANERA, CINDY DO NOT WRITE 11535 N QUAYSIDE DR COOPER CITY, FL 33026 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. Signature, typed or printed name of registered agent and title if applicable, (NCTE. Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MANFRA, CINDY NAME STREET ADDRESS 11535 N QUAYSIDE DR CITY-ST-7IP COOPER CITY, FL Un0000272930 03/23/05-80007-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CTTY-ST-ZIP

FILED

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: 

When 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 formation and accurate 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: 

When the information 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 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.