

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 007 ***150.00

DOCUMENT # V58381

1. Entity Name
ALL ABOUT CRUISES, INC.



Principal Place of Business
9720 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Mailing Address
9720 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

20048494



2. Principal Place of Business
7900 N. University Dr.
Suite, Apt. #, etc.
203

3. Mailing Address
7900 N. University Dr.
Suite, Apt. #, etc.
203

03312005 Chg-P CR2E034 (10/03)

City & State
Tamarac, FL
Zip
33321 Country

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Tamarac, FL
Zip
33321 Country

4. FEI Number
65-0394241 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSKOWITZ, MICHAEL W
800 CORPORATE DR.
STE. 510
FT. LAUDERDALE, FL 33334

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 _____
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	P	<input type="checkbox"/> Delete
NAME	MYMAN, SHERYL	
STREET ADDRESS	9720 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHESEBROUGH, GLEN	
STREET ADDRESS	9720 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDFARB, FAITH	
STREET ADDRESS	9720 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDFARB, BERNARD	
STREET ADDRESS	9720 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 N. University Dr., Ste 203
STREET ADDRESS	Tamarac, FL 33321
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 N. University Dr., Ste 203
STREET ADDRESS	Tamarac, FL 33321
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 assignment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4/22/05

Date

954-344-3838

Daytime Phone #