


FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 038 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V58381 1. Entity Name ALL ABOUT CRUISES, INC.	
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Principal Place of Business 2755 NE 30TH AVE. LIGHTHOUSE POINTE, FL 33064 US	Mailing Address 2755 NE 30TH AVE. LIGHTHOUSE POINTE, FL 33064 US
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40072087



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0394241	Applied For Not Applicable
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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

**DO NOT WRITE
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 the registered agent.

SIGNATURE _____

Signature of the registered agent and file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE 1/16/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MYMAN, SHERYL 5032 SW 94TH AVE. COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CHESEBROUGH, GLEN 5032 SW 94TH AVE. COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GOLDFARB, FAITH 5032 SW 94TH AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GOLDFARB, BERNARD 5032 SW 94TH AVE. COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TITLE OF PROVIDED NAME OF BOARD OFFICER OR DIRECTOR

PRES.

1/16/08

954 680 8310