

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000064600

**Entity Name:** SOUTH BEACH CRUISES, INC.

**Current Principal Place of Business:**

8350 NW 52ND TERRACE  
SUITE 103  
DORAL, FL 33166

**Current Mailing Address:**

8350 NW 52ND TERRACE  
SUITE 103  
DORAL, FL 33166 US

**FEI Number:** 65-0440283

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NORDQVIST, OVE  
400 SOUTH POINTE DR.  
#2103  
MIAMI BEACH, FL 33139 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PTSD  
Name NORDQVIST, OVE  
Address 400 SOUTH POINTE DR., #2103  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OVE NORDQVIST

**PRESIDENT**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date