


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90305 037 ****61.25

DOCUMENT # 720000		
1. Entity Name ISLAND BREAKERS - A CONDOMINIUM, INC.		

Principal Place of Business C/O 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	Mailing Address C/O 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1312689		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 KEY BISCAYNE FL 33149 <i>Coral Gables, Florida 33134</i>		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 \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VALLE, MARIA T		NAME MARCIA GAGER	
STREET ADDRESS 150 OCEAN LANE DRIVE #9G		STREET ADDRESS 150 Ocean Lane Dr. #10E	
CITY-ST-ZIP KEY BISCAYNE FL 33149		CITY-ST-ZIP Key Biscayne - Fl. 33149	
TITLE PD Secretary	<input type="checkbox"/> Delete	TITLE S. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARDON, JEAN		NAME JEAN LARDON	
STREET ADDRESS 150 OCEAN LANE DRIVE 3G		STREET ADDRESS 150 Ocean Lane Dr. apt 3G	
CITY-ST-ZIP KEY BISCAYNE FL 33149		CITY-ST-ZIP Key Biscayne - Fl. 33149	
TITLE VPD	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRIDGEON, ALEIDA		NAME Michael Mullaugh	
STREET ADDRESS 150 OCEAN LANE DRIVE, #3B		STREET ADDRESS 150 Ocean Lane Dr. Apt. 7C	
CITY-ST-ZIP KEY BISCAYNE FL 33149		CITY-ST-ZIP Key Biscayne, Fl. 33149	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REGIL, ALVARO		NAME	
STREET ADDRESS 150 OCEAN LANE DRIVE #4H		STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, MARLENE		NAME	
STREET ADDRESS 105 OCEAN LANE DRIVE, #5F		STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		CITY-ST-ZIP	
TITLE D PRESIDENT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONSUEGRA, JORGE		NAME	
STREET ADDRESS 150 OCEAN LANE DRIVE #2E		STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		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 617, 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: *Jean Lardon* *Mar 6.05* *305-385-9064*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #