2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

DOCUMENT # P020000775 1. Entity Name SEA BREEZE INTERNATIONAL MAN	03	3-16-2004 90046 011 ***150.00			
Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237	STREET 2198 MAIN STREET			24023540	
Principal Place of Business 3600 - B Broadway Suite, Apt, #, etc. 3. Mailing Address 3600 - B Broadway Suite, Apt, #, etc.		noadway	_		
Suite b City & State	Surte 6 City & State		03112004 Chg-		
Fort Myers FL	Fort Myers FL		APPLIED FOR	06-1639289 Applied For Not Applicable	
33901 Country U.5	33901	Country U.S	5. Certificate of Status I	Fee Required	
			ciani Mathis ss (P.O. Box Number is Not Ad	7. Name and Address of New Registered Agent ani. Mathis & Jessen, CPH'S P.O. Box Number is Not Acceptable) Passidential Ct.	
		City For	Huers	FL Zip Code	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its r	registered office or regi	~ 1	tate of Florida. I am familiar with, and accept	
SIGNATURE Andrew A tusser Andrew G. Jessen, Vorther 3/11/04 Signature, typed or printed name or registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEETS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND D	A	Pinte vo-me o 1	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 11	
NAME : -LANGENBAGH, HEIMO W STREET ADDRESS 2198 MAIN STREET	Defete	NAME STREET ADDRESS		Change Addition	
TITLE D NAME LANGENBACH, MANUELA C STREET ADDRESS 2198 MAIN STREET	☐ Delete	TITLE NAME STREET ADDRESS	3524 S.E. 15T CapeCoral, FL	Place Addition	
CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP		=== C:TY-ST-ZiP- →	the second secon	y the same of the	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS GITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE STATE OF THE	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS CITY_ST-ZIP_	- Annual Control of the Control of t	NAME STREET ADDRESS CITY-ST-ZIP	THE VISIT CHANGE		
12. Thereby 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: SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					