


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90145 016 ***150.00

DOCUMENT # P03000055676

1. Entity Name
GULF BREEZE RESORTS, INC.



Principal Place of Business Mailing Address

**3015 N.OCEAN BOULEVARD
 SUITE 121
 FORT LAUDERDALE FL 33308**

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 SUITE 121
 FORT LAUDERDALE FL 33308**

44044485



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
72-1566648

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WASSERSTROM, ELLEN ESQ.
 100 W. CYPRESS CREEK ROAD
 SUITE 700
 FORT LAUDERDALE FL**

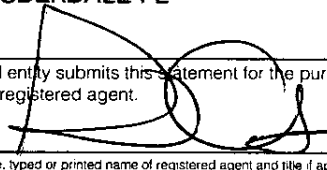
7. Name and Address of New Registered Agent

Name
Rebecca A Foster

Street Address (P.O. Box Number is Not Acceptable)
3015 N. Ocean Blvd, Ste 121

City State Zip Code
Ft Lauderdale FL 33308

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 *X*  **Rebecca A Foster** 4/23/2004 *X*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when joint-stating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, REBECCA A	
STREET ADDRESS	3015 N.OCEAN BOULEVARD SUITE 121	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDAU, MARC J	
STREET ADDRESS	3015 N.OCEAN BOULEVARD SUITE 121	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca A. Foster	
STREET ADDRESS	3015 N Ocean Blvd, Ste 121	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc J Landau	
STREET ADDRESS	3015 N Ocean Blvd, Ste 121	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address with all other like empowered.

SIGNATURE: *X*  **Rebecca A. Foster** 4/23/2004 954.563.2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #