

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720000

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**3663171248CC**

**Entity Name:** ISLAND BREAKERS - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O 150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP, INC.  
12350 SW 132ND COURT, SUITE 114  
MIAMI, FL 33186 US

**FEI Number:** 59-1312689

**Certificate of Status Desired:** No

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

IGLESIAS LAW GROUP  
15800 PINES BLVD, SUITE 303  
PEMBROKE PINES, FL 33027 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:** DAVID IGLESIAS. ESQ.

03/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           PESANT, JOSEFINA  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           VP  
Name           ROJAS, HILARIO  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           T  
Name           HERNANDEZ, MARLENE  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           VALLE, MARIA TERESA  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           QUINTIN, GEORGE  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           S  
Name           YUBERO, JUAN CARLOS  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title           D  
Name           MONTEIRO, CRISTANE  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEFINA PESANT

**PRESIDENT**

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date