

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 040 ***150.00

DOCUMENT # F06000000736			
1. Entity Name CEEBRAID HOLIDAY MANAGEMENT CORPORATION			
Principal Place of Business 250 S. AUSTRALIAN AVENUE SUITE 1003 WEST PALM BEACH, FL 33401		Mailing Address 250 S. AUSTRALIAN AVENUE SUITE 1003 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # <i>1801 S. Australian Ave</i>		3. Mailing Address <i>1801 S. Australian Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>West Palm Beach FL</i>		City & State <i>West Palm Beach FL</i>	
Zip <i>33409</i>		Zip <i>33409</i>	
Country		Country	
4. FEI Number 20-4253019		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHLESINGER, ADAM 250 S. AUSTRALIAN AVENUE #1003 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHLESINGER, JASON 250 S. AUSTRALIAN AVENUE #1003 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			