

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90028 040 \*\*\*150.00

**DOCUMENT # G68448**

1. Entity Name

SEABREEZE FINE JEWELRY, INC.



Principal Place of Business

527-529 SEABREEZE BLVD.  
DAYTONA BEACH, FL 32118 US

Mailing Address

527-529 SEABREEZE BLVD.  
DAYTONA BEACH, FL 32118 US

60006184



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2341073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRACHTMAN, AL  
161 MARVIN ROAD  
ORMOND BEACH, FL 32074

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRACHTMAN, AL
STREET ADDRESS	161 MARVIN ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	STD
NAME	TRACHTMAN, CHERIE
STREET ADDRESS	161 MARVIN ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VPD
NAME	TRACHTMAN, LYLE
STREET ADDRESS	<del>161 STANMORE CIR</del> 12 Rio Pinar Trail
CITY-ST-ZIP	ORMOND BCH., FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

1-20-06

Date

386-252-6135

Daytime Phone #