


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 027 ***150.00

DOCUMENT # J58294	
--------------------------	---

1. Entity Name
BREAKWATER, INC.

Principal Place of Business 1201 NORTH FEDERAL HWY. STE 2C FT LAUDERDALE, FL 33304 US	Mailing Address 1201 NORTH FEDERAL HWY. STE 2C FT LAUDERDALE, FL 33304 US
--	--



2. Principal Place of Business <i>1201 N. Fed Hwy</i> Suite, Apt. #, etc. <i>2C</i> City & State <i>Fort Land FL</i> Zip <i>33304</i> Country <i>USA</i>	3. Mailing Address <i>1201 N. Fed Hwy</i> Suite, Apt. #, etc. <i>2C</i> City & State <i>Fort Land FL</i> Zip <i>33304</i> Country <i>USA</i>
--	--

08192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0505248	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent MOSCHELLA, LEIGH E 1201 NORTH FEDERAL HWY. STE 2C FT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name <i>Leigh E Moschella</i> Street Address (P.O. Box Number is Not Acceptable) <i>1201 N. Fed Hwy 2C</i> <i>Fort Land FL</i> City <i>FL</i> Zip Code <i>33304</i>
---	---

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 *Leigh E Moschella* (NOTE: Registered Agent signature required when reconstating) DATE *Aug 25, 05*

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VS MOSCHELLA, LEIGH E 1201 NORTH FEDERAL HWY. FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leigh E Moschella* *Leigh E. Moschella* *Aug 25, 05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50066671
558294

Breakwater Inc, DBA Secret Images
1201 N. Federal Hwy 2C
Fort Lauderdale, FL . 33304

Division Of Corporation

To whom it may concern not only were we having a problem getting our mail and did not receive the original notice but my son passed away at the age of 20 and my life has been out of control to say the least I hope that you will accept my renewal fee of 150.00

Thank you for your consideration,
Erin Moschella