04/26/2004 18:05 3059374721 LEVI CAHLIN

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90345 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K41442

1. Entity Name
BREAK TIME, INC.

Principal Place of Business	Mailing Address
% BERNARD SHRAGO 20205 HIGHLAND LAKES BLVD N MIAMI BCH, FL 33179 US	% BERNARD SHRAGO 2005 NE 202 ST N MIAMI BCH, FL 33179 US

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	# 20205 Highland Lks Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Fla.
Zip / Country	Zip: 33179 Country: US

4. FEI Number: 65-0086946 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SHRAGO, BERNARD
2005 NE 202 ST
N MIAMI BCH, FL 33179

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 20205 Highland Lks Blvd.
City: Miami Fl FL Zip Code 33179

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PVST SHRAGO, BERNARD 2005 NE 202 STREET N. MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] President 4/25/04 3059317307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #