

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M55822

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: THE BREAKSTONE GROUP, INC.

## Current Principal Place of Business:

1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

3930 NE 2ND AVENUE  
SUITE 200  
MIAMI, FL 33137 US

## Current Mailing Address:

1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## New Mailing Address:

3930 NE 2ND AVENUE  
SUITE 200  
MIAMI, FL 33137 US

FEI Number: 59-2826107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BREAKSTONE, NOAH  
1200 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

BREAKSTONE, NOAH  
3930 NE 2ND AVENUE  
SUITE 200  
MIAMI, FL 33137 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:

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: BREAKSTONE, ARTHUR,  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: BREAKSTONE, NOAH,  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: BREAKSTONE, JULIE,  
Address: 1200 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: BREAKSTONE, ARTHUR,  
Address: 3930 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: PD (X) Change ( ) Addition  
Name: BREAKSTONE, NOAH,  
Address: 3930 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: SD (X) Change ( ) Addition  
Name: BREAKSTONE, PATRICIA,  
Address: 3930 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOAH BREAKSTONE

PD

01/17/2005

Electronic Signature of Signing Officer or Director

Date