APR-28-2004 17:27 RELY INSURANCE

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90194 005 ***150.00

DOCUMENT # M63057

1. Entity Name
SOUTHBREEZE CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
465 OCEAN DR. STE. 1123 MIAMI BCH., FL 33139	465 OCEAN DR. STE. 1123 MIAMI BCH., FL 33139

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0159420 / 65-0352361
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIGUEL NOBILE
465 OCEAN DR.
STE. 1123
MIAMI BCH., FL 33139

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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: _____ 4-27-04
Signature, typed or printed name of registered agent and title if appl cable (NOTE: Registered Agent signature required when transmitting) DATE

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

TITLE	PSDT
NAME	NOBILE, MIGUEL
STREET ADDRESS	465 OCEAN DR. #1123
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	VD
NAME	NOBILE, ANGELO
STREET ADDRESS	465 OCEAN DR. #1123
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MIGUEL NOBILE 4-27-04 305-606-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #