## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000376

Entity Name: SEABREEZE ISLES, INC.

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

198 NE SIXTH AVENUE 766 SE 5TH AVENUE

DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

198 NE SIXTH AVENUE 766 SE 5TH AVENUE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

FEI Number: 86-1079306 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERENFELD, ISACK

198 NE SIXTH AVENUE

DELRAY BEACH, FL 33483

MERENFELD, ISACK

766 SE 5TH AVENUE

DELRAY BEACH, FL 33483

DELRAY BEACH, FL 33483

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: ISACK MERENFELD 03/18/2004

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVST ( ) Delete Title: DVST (X) Change ( ) Addition

 Name:
 ABBO, MAYER S
 Name:
 ABBO, MAYER S

 Address:
 198 NE SIXTH AVENUE
 Address:
 766 SE 5TH AVENUE

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:
 DELRAY BEACH, FL 33483

 Name:
 MERENFELD, ISACK
 Name:
 MERENFELD, ISACK

 Address:
 198 NE SIXTH AVENUE
 Address:
 766 SE 5TH AVENUE

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:
 DELRAY BEACH, FL 33483

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 ABBO, JACQUES
 Name:
 ABBO, JACQUES

 Address:
 198 NE SIXTH AVENUE
 Address:
 766 SE 5TH AVENUE

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:
 DELRAY BEACH, FL 33483

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISACK MERENFELD P 03/18/2004