


1072

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/19/2004-90010-004-\$70.00-\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003715	
1. Entity Name BREEZE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33014 US	Mailing Address 7950 NW 155 STREET SUITE 104 MIAMI LAKES, FL 33014 US
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2. Principal Place of Business 6450 W 21 COURT Suite, Apt. #, etc. 301	3. Mailing Address Same as #2. Suite, Apt. #, etc.
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City & State Hialeah, Florida	City & State
Zip 33016	Country USA



07122004 Chg-NP CR2E037 (10/03)

4. FEI Number 01-0822466	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARS, GARY M ESQ. C/O HYMAN KAPLAN GANGUZZA SPECTOR & MARS 150 WEST FLAGLER ST. MUSEUM TWR., 27TH FL MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$81.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME DELGADO, OSCAR <input type="checkbox"/> Delete	TITLE PD	NAME DELGADO, OSCAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7950 NW 155 STREET, SUITE 104		STREET ADDRESS 6450 W 21 COURT # 301	
CITY-ST-ZIP MIAMI LAKES, FL 33014		CITY-ST-ZIP Hialeah, FL 33016	
TITLE VD	NAME DELGADO, JOSE <input type="checkbox"/> Delete	TITLE VD	NAME DELGADO, JOSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7950 NW 155 STREET, SUITE 104		STREET ADDRESS 6450 W 21 COURT # 301	
CITY-ST-ZIP MIAMI LAKES, FL 33014		CITY-ST-ZIP Hialeah, FL 33016	
TITLE TSD	NAME DELGADO, SUSAN <input type="checkbox"/> Delete	TITLE TSD	NAME DELGADO, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7950 NW 155 STREET, SUITE 104		STREET ADDRESS 6450 W 21 COURT # 301	
CITY-ST-ZIP MIAMI LAKES, FL 33014		CITY-ST-ZIP Hialeah, FL 33016	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: Susan Delgado **7/13/04** (805) 828-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2072

Breeze Condominium Association, Inc.

October 26, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Re: Breeze Condominium Association, Inc.
Document # N03000003715**

Dear Sirs:

In July, we submitted the Uniform Business Report for the above mentioned corporation. It was returned to us with a letter stating we needed to update the Federal Employer Identification number. This letter went to an old address. Please note the address change on the corrected UBR form.

Being in south Florida, the only delay was not the mail forwarding system but also the four hurricanes that struck. We ask that you accept the changes enclosed and consider waiving the reinstatement fee (we have our initial payment of \$70.00 on account).

If you have any questions or need any further information regarding this matter please contact me directly at (305) 828-4070.

Thank you for your time.

Sincerely,


Susan Delgado