

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2005  
Secretary of State**

DOCUMENT# N03000003715

Entity Name: BREEZE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6450 WEST 21 COURT, STE 301  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

6450 WEST 21 COURT, STE 301  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 01-0822466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELGADO, OSCAR  
Address: 6450 WEST 21 COURT, STE 301  
City-St-Zip: HIALEAH, FL 33016 US

Title: VD ( ) Delete  
Name: DELGADO, JOSE  
Address: 6450 WEST 21 COURT, STE 301  
City-St-Zip: HIALEAH, FL 33016 US

Title: TSD ( ) Delete  
Name: DELGADO, SUSAN  
Address: 6450 WEST 21 COURT, STE 301  
City-St-Zip: HIALEAH, FL 33016 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSCAR J. DELGADO

PD

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date