2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90002:007 $61.25-$61.25

04 OCT -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U2U16J4J

DOCUMENT # N03000007489

1. Entity Name
BREAK-AWAE' KRU INC.

Principal Place of Business	Mailing Address
7500 HABOUR BLVD MARAMAR, FL 33023	7500 HABOUR BLVD MARAMAR, FL 33023

08172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. same	Suite, Apt. #, etc. same
City & State same	City & State same
Zip / Country	Zip / Country

4. FEI Number 76-0744920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES, VICTOR K 1721 NW 63RD AVE SUNRISE, FL 33313	Name VICTOR CHARLES Street Address (P.O. Box Number is Not Acceptable) 5861 NW 16TH PLACE #304 City SUNRISE FL Zip Code 33313

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 Victor K. Charles 09/01/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BYER, GARFIELD 7500 HABOUR DRIVE MARAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORRECTION MIRAMAR	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIBBS, RHONDA 482 NW 165TH ST RD APT 106 MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RHONDA GIBBS 1260 NW 179TH TERR MIAMI FL 33169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRU O'BRADY, COLEEN 3822 SW COQUINA COVE WAY # 204 PALMCITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRU COLEEN CHARLES 5861 NW 16TH PL #304 SUNRISE FL 33313	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Victor K. Charles 09/01/04 954-440-3541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #