

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007489

1. Entity Name
BREAK-AWAE' KRU INC.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7500 HABOUR BLVD
MIRAMAR, FL 33023
MIRAMAR

Mailing Address
7500 HABOUR BLVD
MIRAMAR, FL 33023
MIRAMAR



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232004

Chg-NP

CR2E037 (10/03)

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 #304
5861 N.W. 16TH PLACE, #304
SUNRISE, FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

VICTOR CHARLES

10-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 *Pres* ☐ Delete
NAME BYER, GARFIELD
STREET ADDRESS 7500 HABOUR DRIVE BLVD
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE *SECT.* ☐ Change ☒ Addition
NAME *NISTER BOBB-BYER*
STREET ADDRESS 7500 HABOUR BLVD
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE *VP P.R.O* ☐ Delete
NAME GIBBS, RHONDA
STREET ADDRESS 1260 N.W. 179TH TERRACE
CITY-ST-ZIP MIAMI, FL 33169

TITLE *VP* ☐ Change ☒ Addition
NAME *VICTOR CHARLES*
STREET ADDRESS 5861 NW 16th Pl #304
CITY-ST-ZIP SUNRISE, FL 33313

TITLE *TRU* ☐ Delete
NAME CHARLES, COLEEN
STREET ADDRESS 5861 N.W. 16TH PLACE, #304
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500042698615
11/12/04--01061--019 **70.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Victor K. Charles

VICTOR CHARLES

10-26-04

954-410-3541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #