


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

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90003 006 \*\*\*\*61.25

<b>DOCUMENT # N03000007489</b> 1. Entity Name <b>BREAK-AWAE' KRU INC.</b>	
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Principal Place of Business <b>7500 HABOUR BLVD MIRAMAR, FL 33023</b>	Mailing Address <b>7500 HABOUR BLVD MIRAMAR, FL 33023</b>
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05032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>76-0744920</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHARLES, VICTOR K 5861 N.W. 16TH PLACE, #304 SUNRISE, FL 33313</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u>Victor K. Charles</u> DATE <u>6/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYER, GARFIELD 7500 HABOUR BLVD. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRO GIBBS, RHONDA 1260 N.W. 179TH TERRACE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRU CHARLES, COLEEN 5861 N.W. 16TH PLACE, #304 SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOBB-BYER, NESTER 7500 HABOUR BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHARLES, VICTOR 5861 N.W. 16TH PLACE, #304 SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.
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<b>SIGNATURE:</b> <u>Victor K. Charles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6/21/05</u> <small>Date</small>	<u>954-739-0333</u> <small>Daytime Phone #</small>
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