

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007489

FILED  
May 02, 2009  
Secretary of State

Entity Name: BREAK-AWAE' KRU INC.

## Current Principal Place of Business:

7500 HABOUR BLVD  
MIRAMAR, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

7500 HABOUR BLVD  
MIRAMAR, FL 33023

## New Mailing Address:

FEI Number: 76-0744920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CHARLES, VICTOR K  
5861 N.W. 16TH PLACE  
UNIT 304  
SUNRISE, FL 33313 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: PRES ( ) Delete  
Name: BYER, GARFIELD S  
Address: 7500 HABOUR BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: V.P ( ) Delete  
Name: VICTOR, CHARLES K  
Address: 5861 NW 16TH PLACE, UNIT 304  
City-St-Zip: SUNRISE, FL 33313

Title: TRU ( ) Delete  
Name: CHARLES, COLEEN B  
Address: 5861 N.W. 16TH PLACE, UNIT 304  
City-St-Zip: SUNRISE, FL 33313

Title: SEC ( ) Delete  
Name: BOBB-BYER, NESTER A  
Address: 7500 HABOUR BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: PRO ( ) Delete  
Name: GIBBS, RHONDA E  
Address: 221 NW 177TH STREET, APT 201  
City-St-Zip: MIAMI, FL 33169

## 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:

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 exemption stated in Chapter 119, 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: VICTOR CHARLES

VP

05/02/2009

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

\_\_\_\_\_  
Date