

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004871

FILED
Apr 18, 2003
Secretary of State

Entity Name: ISLAND BREEZE INTERNATIONAL, INC.

Current Principal Place of Business:

7522 N. HIMES AVE.
TAMPA, FL 33614

New Principal Place of Business:

539 BOHANNON BLVD
ORLANDO, FL 32824

Current Mailing Address:

4101 HOLLOWTRAIL DR.
TAMPA, FL 33624

New Mailing Address:

P.O BOX 770096
ORLANDO, FL 32877

FEI Number: 59-3606814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MAIMA
4101 HOLLOWTRAIL DR.
TAMPA, FL 33624

Name and Address of New Registered Agent:

BROWN, MAIMA
539 BOHANNON BLVD
ORLANDO, FL 32824

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: MAIMA BROWN

04/18/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALLE, RUDY
Address: 4101 HOLLOWTRAIL DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BROWN, ARIU
Address: 4101 HOLLOWTRAIL DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BROWN, MAIMA
Address: 4101 HOLLOWTRAIL DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VALLE, RUDY
Address: 539 BOHANNON BLVD
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: BROWN, ARIU
Address: 539 BOHANNON BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: BROWN, MAIMA
Address: 539 BOHANNON BLVD
City-St-Zip: ORLANDO, FL 32824

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: MAIMA BROWN

D

04/18/2003

Electronic Signature of Signing Officer or Director

Date