

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90278 010 \*\*\*150.00

DOCUMENT # P00000114197

1. Entity Name

CONTROL BREAK INTERNATIONAL CORP.



Principal Place of Business

1100 FIFTH AVE. SOUTH  
#210  
NAPLES FL 34102

Mailing Address

1100 FIFTH AVE. SOUTH  
#210  
NAPLES FL 34102

2. Principal Place of Business

2640 Golden Gate Parkway  
Suite, Apt. #, etc.  
#101

3. Mailing Address

2640 Golden Gate Parkway  
Suite, Apt. #, etc.  
#101

City & State

Naples, FL

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. FEI Number

59-3686033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.  
3001 TAMiami TRAIL NORTH 4TH FLOOR  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT  
NAME GROOTAERS, PAUL ☒ Delete  
STREET ADDRESS 3439 MN NIEUWEGIN  
CITY-ST-ZIP THE NETHERLANDS

TITLE PCOO  
NAME WATZINGER, GERHARD ☐ Delete  
STREET ADDRESS 1100 FIFTH AVE., SOUTH, #210  
CITY-ST-ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CEO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2640 Golden Gate Parkway #101  
CITY-ST-ZIP NAPLES, FL 34105

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

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

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/05

Daytime Phone #