

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0037632 AV

DOCUMENT # **P02000027786**



1. Entity Name
BREAKTHROUGH CREATIONS, INC.

04-24-2003 90185 024 ***150.00

Principal Place of Business
**2200 OCEAN DRIVE SOUTH
UNIT 3C
JACKSONVILLE BEACH FL 32250**

Mailing Address
**2200 OCEAN DRIVE SOUTH
UNIT 3C
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business

3. Mailing Address
755 West Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Taylor's Falls MN

City & State

City & State
55084

CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3620273

Applied For
Not Applicable

Zip Country

Zip Country
55084 USA

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

**FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREDES, SYNEY ANN 2200 OCEAN DRIVE SOUTH, UNIT 3C JACKSONVILLE BEACH FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sydney Paredes* **4-21-03** **904-553-6001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)