


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 013 \*\*\*150.00

<b>DOCUMENT # P02000062091</b>	
1. Entity Name <b>BREAK DAY ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>7598 NW 73 TERR TAMARAC, FL 33321</b>	Mailing Address <b>7598 NW 73 TERR TAMARAC, FL 33321</b>
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**54071859**

2. Principal Place of Business <i>3611 Village Blvd</i>	3. Mailing Address <i>3611 Village Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>West Palm Beach FL</i>	City & State <i>West Palm Beach FL</i>
Zip <i>33409</i>	Country <i>Palm Beach</i>



09012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>LEROY, JEAN 7598 NW 73 TERR TAMARAC, FL 33321</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <i>Jean Leroy</i>	DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LEROY, JEAN 7598 NW 73 TERR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jean Leroy</i>	Date: <i>9/1/04</i> 954 818-1160