2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90258 033 ***150.00 **DOCUMENT # P02000092241** SEABREEZE CAPITAL INC. 14009718 Mailing Address Principal Place of Business 3663 S.W. 8TH STREET THIRD FLOOR 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135 MIAMI, FL 33135 04012005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3078047 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE LA FE, ERNESTO DO NOT WRITE 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135 IN THIS SPACE 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 lamiliar 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 whon reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDS TITLE NAME DE LA FE, ERNESTO STREET ADDRESS 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135 CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

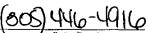
In this filing goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director appears to the property of the secure of the property of the property is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information suppl ndicated on this report or supplementa of the corporation or the receiver or tru changed, or on an attachment with ar er like empowered

SIGNATURE: _

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED