## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000096484** FILED OCEAN BREEZE DEVELOPMENT, INC. 06 FEB 22 FH 12: 16 Mailing Address Principal Place of Business 31 OCEAN REEF DRIVE C302 31 OCEAN REEF DRIVE C302 KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 37-1440885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Samuel A. Persaud, P.A PERSAUD, SAMUEL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 N. Krome Avenue 1320 SOUTH DIXIE HIGHWAY **SUITE 715** CORAL GABLES, FL 33146 Suite 200 Zip Code 33030 City <u> Homestead</u> 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE-☐ Change Addition TITLE ☐ Delete BURKE, JAMES NAME NAME 31 OCEAN REEF DRIVE C302 STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-7IP □ Change 100066492471 02/23/06--01014--001 \*\*1111 **PVST** Addition ☐ Delete TITLE TITLE BURKE, MITA M NAME NAME 31 OCEAN REEF DRIVE C302 STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE BURKE, MITA M NAME NAME 31 OCEAN REEF DRIVE C302 STREET ADORESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: