

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90017 011 \*\*\*150.00

DOCUMENT # P03000010833

1. Entity Name  
OCEAN BREEZE, INC.



Principal Place of Business  
3900 COUNTY LINE ROAD A19  
TEQUESTA, FL 33469

Mailing Address  
3900 COUNTY LINE ROAD A19  
TEQUESTA, FL 33469

40016330



2. Principal Place of Business

210 COMMERCE WAY #a

Suite, Apt. #, etc.

3. Mailing Address

210 commerce way #A

Suite, Apt. #, etc.

02032006

Chg-P

CR2E034 (11/05)

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

02-0676705

Applied For

Not Applicable

Zip

Country

Zip

Country

34458

PAIM BEACH

34458

PAIM BEACH

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

COSTA, SANDRA K  
3900 COUNTY LINE ROAD A19  
TEQUESTA, FL 33469

Name  
Sandra K. Costa

Street Address (P.O. Box Number is Not Acceptable)

210 COMMERCE WAY #A

City  
JUPITER

FL

Zip Code  
34458

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D COSTA, SANDRA K ☐ Delete  
STREET ADDRESS  
3900 COUNTY LINE ROAD A19  
CITY-ST-ZIP  
TEQUESTA, FL 33469

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
Mauricio Costa ☐ Change ☒ Addition  
DIRECTOR  
STREET ADDRESS  
3900 County Line Rd # A19  
CITY-ST-ZIP  
Tequesta FL 33469

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

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

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

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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 filing empowered.

SIGNATURE:

*Sandra K. Costa*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/8/06

Date

561-746-1656

Daytime Phone #