

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032898		
1. Entity Name 49ERS SEABREEZE, INC.		

Principal Place of Business 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180	Mailing Address 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 APR 14 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0031104		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324

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 Conie Buy Conie Buy - Special Asst. Secy 4/14/06
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABADI, SALOMON 19950 W COUNTRY CLUB DRIVE #900 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T ☐ Change ☒ Addition
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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: SALOMON ABADI, Director Date 4/10/06 Daytime Phone #