


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000047291

1. Entity Name
SEABREEZE REALTY GROUP INC.



Principal Place of Business Mailing Address

539 N. OLEANDER AVE **539 N. OLEANDER AVE**
DAYTONA BEACH, FL 32118 US **DAYTONA BEACH, FL 32118 US**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3109885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRETZEL, MICHAEL R
539 N. OLEANDER AVE.
DAYTONA BEACH, FL 32118

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETZEL, MICHAEL R 539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRETZEL, MICHAEL R 539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNEER, KHALID 3 VILLAGE LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000344951
04/30/05-80016-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/28/2005 386 253 3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #