

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 036 ***150.00

DOCUMENT # P03000061098
1. Entity Name
SEA BREEZE IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

94052915

2. Principal Place of Business 10351 ROYAL PALM BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State	
Zip 33065	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1885710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ROBIN CROSBY	
Street Address (P.O. Box Number is Not Acceptable) 10351 ROYAL PALM BLVD	
City CORAL SPRINGS	FL Zip Code 33065

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 Robin Crosby Robin Crosby - President 4-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBIN CROSBY 10351 ROYAL PALM BLVD. CORAL SPRINGS, FL. 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Crosby Robin Crosby - President 4-6-04 954-345-6642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #