

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000061098**

1. Entity Name  
**SEA BREEZE IMPORTS, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 26 AM 11:47

Principal Place of Business  
**10351 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065**

Mailing Address  
**10351 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



08092005 Chg-P CR2E034 (10/03)

4. FEI Number  
**14-1885710**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CROSBY, ROBIN  
10351 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065**

*Please Note Change of Address*

7. Name and Address of New Registered Agent  
Name **Crosby, Robin**  
Street Address (P.O. Box Number is Not Acceptable) **1920 Cordova, Rd.**  
City **Ft. Lauderdale** FL Zip Code **33316**

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** DATE **9/20/05**

Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CROSBY, ROBIN 10351 ROYAL PALM BLVD CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400060184084 10/03/05--01050--003 **150.00</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Robin Crosby** DATE **9/20/05** DAYTIME PHONE # **954-463-9005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR