

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 017 ***150.00

DOCUMENT # P03000095620					
1. Entity Name SEABREEZE BEACH RENTALS, INC.					
Principal Place of Business 171 MARVIN ROAD ORMOND BEACH, FL 32176			Mailing Address 171 MARVIN ROAD ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 122 MAGNOLIA DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 122 MAGNOLIA DR. <small>Suite, Apt. #, etc.</small>			
City & State ORMOND BCH, FL <small>Zip</small> 32176 <small>Country</small> VOLUSIA		City & State ORMOND BCH, FL <small>Zip</small> 32176 <small>Country</small> VOLUSIA		4. FEI Number 20-0329933	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAGUIDICE, JOE 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name: Loguidice Joe Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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: <i>Joe Loguidice</i> DATE: 4/30/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DPV ALVAREZ, GUILLERMO A JR 171 MARVIN ROAD ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Alvarez 122 MAGNOLIA DR ORMOND BCH, FL 32176 Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALVAREZ, GUILLERMO A JR 171 MARVIN ROAD ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/25/2007 (386) 334-5627 <small>Daytime Phone #</small>		