

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90066 027 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000144856 1. Entity Name ISLAND BREEZE MANAGEMENT, INC.			
Principal Place of Business 100 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487		Mailing Address 100 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487	
2. Principal Place of Business 1000 Holland Drive Suite, Apt. #, etc. Suite 12 City & State Boca Raton, FL Zip 33487		3. Mailing Address 1000 Holland Drive Suite, Apt. #, etc. Suite 12 City & State Boca Raton, FL Zip 33487	
4. FEI Number 20-0444647		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ROSENTHAL, ESQ., ALEX P. 2115 N COMMERCE PARKWAY WESTON, FL 33326	
7. Name and Address of New Registered Agent Name 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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when re-stating)</small>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODERICK, MICHAEL 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODERICK, CATHERINE 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487	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
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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: <u>Catherine Broderick</u> CATHERINE Broderick 3-14-05 561-994-5850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			