

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90074 029 \*\*\*150.00

DOCUMENT # P03000145611	
1. Entity Name BREEZE CONSTRUCTION, INC.	



Principal Place of Business 751 JACKSON ROAD JACKSONVILLE, FL 32225	Mailing Address 751 JACKSON ROAD JACKSONVILLE, FL 32225
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2. Principal Place of Business - No P.O. Box # <b>6202 GLOUCESTER ROAD</b>	3. Mailing Address <b>6202 GLOUCESTER ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32216</b>	Country <b>USA</b>



04252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  FARABEGOLI, BRYAN E 751 JACKSON ROAD JACKSONVILLE, FL 32225	
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7. Name and Address of New Registered Agent	
Name <b>FARABEGOLI, BRYAN E</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6202 GLOUCESTER ROAD</b>	
City <b>JACKSONVILLE, FL</b>	Zip Code <b>32216</b>

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 Bryan E Farabegoli president 4/30/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARABEGOLI, BRYAN E 751 JACKSON ROAD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARABEGOLI, BRYAN E 6202 GLOUCESTER ROAD JACKSONVILLE, FL 32216 <input checked="" 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 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: Bryan E Farabegoli BRYAN FARABEGOLI 4/30/07 (904) 251-4990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #