FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90016 025 ***150.00

DOCUMENT # P04000128457

1. Entity Name
BREAKTHRU PROPERTIES, INC

DO NOT WRITE IN THIS SPACE

40018726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
31 South State Road 7	31 South State Road 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION FL	City & State: PLANTATION FL
Zip: 33317 Country:	Zip: 33317 Country:

4. FEI Number 42-1645773 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ESME EDWARDS
Street Address (P.O. Box Number is Not Acceptable): 31 South State Road 7
City: PLANTATION **FL** Zip Code: 33317

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR	TITLE	
NAME	ESME EDWARDS	NAME	
STREET ADDRESS	31 South State Road 7	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER-DIRECTOR	TITLE	
NAME	MERTILEEN MAHABEER	NAME	
STREET ADDRESS	31 South State Road 7	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] MERTILEEN MAHABEER — 12 Feb 05 — 954-993-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #