

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90152 006 ***150.00

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1. Entity Name
BREAKTHRU PROPERTIES, INC



Principal Place of Business
**34 S STATE ROAD 7
PLANTATION, FL 33317**

Mailing Address
**31 S STATE ROAD 7
PLANTATION, FL 33317**

40094021



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1645773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, ESME
31 S STATE ROAD 7
PLANTATION, FL 33317**

*1876 N University
Dr # 101C
Plantation, FL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ESME 31 S STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAHABEER, MERTILEEN 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAHABEER, MERTILEEN M VP 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2008

Date

Daytime Phone #

954-583-9892