

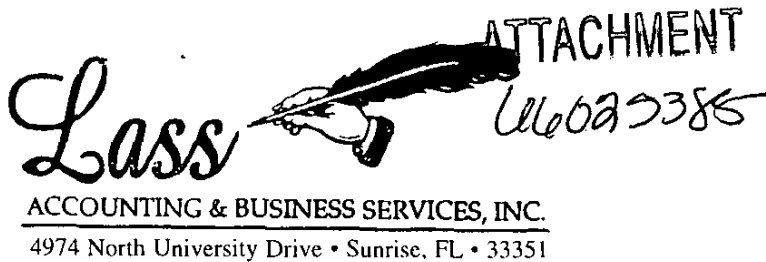
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

06-30-2005 90002 026 ***150.00

DOCUMENT # P04000145384 1. Entity Name SEABREEZE YATCH SPA, INC.					
Principal Place of Business 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351			Mailing Address 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVERPOOL, ALDWYN 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Aldwyn Liverpool</i></u> 6/28/05 <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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	PD LIVERPOOL, ALDWYN 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIVERPOOL, RUTH 4974 N UNIVERSITY DR. LAUDERHILL, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Aldwyn Liverpool</i></u> 6/28/05 954-746-5011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					





July 14th 2005

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: SEABREEZE YATCH SPA, INC
RN: P04000145384

To Whom It May Concern:

We received your letter informing us that we need to pay \$150.00 which we already did and an additional \$400.00 late fee, however the annual report was sent to us long after the dead line, so it is not our fault, on the website we check the box that states we did not received the annual report on time. Please take this into consideration and waive the late charges. If you have any questions feel free to contact us at the numbers listed below. Our office hours are 9am -6pm thank you in advance.

Yours respectfully,

Nadine Power
Office Administrator