# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 02, 2008**
**Secretary of State**

DOCUMENT# P05000148270

**Entity Name:** SEABREEZE MORTGAGE & INVESTMENTS, INC.

**Current Principal Place of Business:**

% STUART GOTTLIEB
180 EDGEWATER DRIVE
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

% STUART GOTTLIEB
180 EDGEWATER DRIVE
CORAL GABLES, FL 33133

**New Mailing Address:**

% STUART GOTTLIEB
180 EDGEWATER DRIVE
CORAL GABLES, FL 33133 US

**FEI Number: 20-3750369** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

STUART, GOTTLIEB MD
180 EDGEWATER DRIVE
CORAL GABLES, FL 33133 US

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: STUART GOTTLIEB, MD 06/02/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GOTTLIEB, STUART
Address: 180 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: GOTTLIEB, STUART
Address: 180 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART GOTTLIEB, MD D 06/02/2008
Electronic Signature of Signing Officer or Director Date