

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064416

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** BREAKWATER POINTE PROPERTIES 203A, INC.

**Current Principal Place of Business:**

1172 S DIXIE HWY #184  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

3232 CORAL WAY  
#1402  
CORAL GABLES, FL 33145

**Current Mailing Address:**

1172 S DIXIE HWY #184  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-4874362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CARLSON, JUDITH C  
1812 NW 36TH COURT  
OAKLAND PARK, FL 33309      US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** CARLSON, KEVIN  
**Address:** 1172 S DIXIE HWY #184  
**City-St-Zip:** CORAL GABLES, FL 33146

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

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** KEVIN CARLSON

P

02/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date