## 2007 FOR PROFIT CORPORATION

NIN COBINE

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILE P06000087587 ANNUAL REPORT DOCUMENT # P06000087587 2007 APR 18 AM 10: 46 1. Entity Name **OVERSEAS BREEZE INC** SECNE ISMA Principal Place of Business Mailing Address 10028901 18 MOSS PT DR 18 MOSS PT DR ORMOND BCH, FL 32174 ORMOND BCH, FL 32174 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 Chg-P CR2E034 (12/06) Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 life if applicable (NOTE Registered Agent aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PO Delete ШĘ Change Addition TITLE GIIST, LIYA MAME NAME 18 MOSS PT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZP ORMOND BCH, FL 32174 CITY-ST-ZIP VSTD Delete TILLE Change TITLE ■ Addition NAME GIIST, NIR NAME STREET ADDRESS 18 MOSS PT DR STREET ADDRESS CITY-ST-7P ORMOND BCH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZEP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Detete ITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. Thereby certify that the information supplied with this filting 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.

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