

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000071355



1. Entity Name

TROPICAL BREEZE ENTERPRISES INCORPORATED

Principal Place of Business
85 S.W. 30TH AVE.
MIAMI FL 33135

Mailing Address
85 S.W. 30TH AVE.
MIAMI FL 33135



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0441982**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOSA, ALBERTO J
85 S.W. 30TH AVENUE
MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ESPINOSA, ALBERTO J	
STREET ADDRESS	85 S.W. 30TH AVE.	
CITY-STATE-ZIP	MIAMI FL 33135	
TITLE	SD	☐ Delete
NAME	ESPINOSA, ALBERTO A	
STREET ADDRESS	85 S.W. 30TH AVE.	
CITY-STATE-ZIP	MIAMI FL 33135	
TITLE	TD	☐ Delete
NAME	ESPINOSA, SILVIA	
STREET ADDRESS	85 SW 30TH AVE	
CITY-STATE-ZIP	MIAMI FL 33135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U00000758795
CITY-STATE-ZIP	05/24/07-80016-022 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alberto Espinosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 (325) 649-9520
Date Daytime Phone #