




FILED
May 03, 2004 08:00 AM
Secretary of State

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|---|--|--|--|---|--|
| DOCUMENT # P94000091327 1. Entity Name CARIBBEAN BREEZE INTERNATIONAL, INC. | |  | | Secretary of State | |
| Principal Place of Business 2345 FRIENDLY ROAD FERNANDINA BEACH, FL 32034 | | Mailing Address 2345 FRIENDLY ROAD FERNANDINA BEACH, FL 32034 | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 04302004 No Chg-P CR2E034 (10/03) | |
| | | | | 4. FEI Number 59-3285261 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, ARTHUR A III 506 CEDAR STREET FERNANDINA BEACH, FL 32034 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | U000000152233 05/04/04-80079-003 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | P CAPPS, M. DAVID 2345 FRIENDLY ROAD FERNANDINA BEACH, FL | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  ARTHUR A ADAMS 4/30/04 904-261-7831 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |