2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90216 037 ***150.00

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DOCUMENT # P96000004141 1. Entity Name BAY BREEZE, INC. Principal Place of Business Mailing Address 94073778 **601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE** SUITE 805 SUITE 805 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 1441 Brickell AVE. AVC. Suite, Apt. #, etc Suite, Apt. #, et 04292004 Chg-P CR2E034 (10/03) Suite 1014 Suite 4. FEI Number Applied For 65-0678832 Not Applicable Country 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 **ALLEN & GALEGO** ss (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131 1014 Zip Code 33131 HIAHI 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 Robert N. Allen Jr. PRESIDENT SIGNATURE. Signature, typed or printed no 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE SD Delete Change Change TITLE Addition BRANTSHEN, NICOLAS BRANTSCHEN, NICOLAS NAME NAME STREET ADDRESS 601 BRICKELL KEY DSR, SUITE 805 STREET ADDRESS 1441 BRICKELL AVE., SUITE 1014 CITY-ST-ZIP MAIMI, FL 33131 CITY - ST - ZIP HIAHI, FL 3313 1 SS Delete TITLE Change ☐ Addition ALLEN, ROBERT N JR ALLEN, ROBERT N. JR NAME NAME 1441 BRICKELL AVE., SUITE 1014 STREET ADDRESS 601 BRICKELL KEY DR, SUITE 805 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP HIMHI, FL 33131 TITLE ☐ Delete ☐ Change ☐ Addition LEVY, ROLAN 1491 BRICKELL KEY DRIVE, STE 1014 LEVY, ROLAIN NAME NAME STREET ADDRESS 601 BRICKELL KEY DRIVE, STE 805 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 MIAHI, FL CITY-ST-ZIP 33131 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 truested 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305 - 372 3300 SIGNATURE: