## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 17, 2006 8:00 am Secretary of State DOCUMENT # P96000041391 02-17-2006 90061 050 \*\*\*150.00 1. Entity Name FLORIDA SUNBREAK, INC. Principal Place of Business Mailing Address 60017301 90 ALTON RD. 855 COLLINS AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business 3. Mailing Address 02142006 Chg-P CR2E034 (11/05) Applied For 4. FFI Number 65-0667941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOTSPEICH, BRADSHAW Street Address (P.O. Box Number is Not Acceptable) 433 ESPANOLA WAY #201 MIAMI BEACH, FL 33139 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE SQUIRE, WILLIAM P III NAME NAME 3780 LOQUAT AVENUE STREET ADDRESS 140 JEFFERSON AVE #14009 STREET ADDRESS WIAMI, FL 33173 MIAMI BCH, FL CITY-ST-ZIP CITY-ST-ZIP SQUIRE, THUY-AI THI 3780 LOQUAT AVENUE 28133 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Defete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [ ] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 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 filing 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. SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED