

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000008909**

1. Entity Name  
**ALASKA BREEZE, CORP.**



Principal Place of Business  
**470 ANSIN BLVD., BAY G  
HALLANDALE BEACH, FL 33009 US**

Mailing Address  
**470 ANSIN BLVD., BAY G  
HALLANDALE BEACH, FL 33009**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0809828**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EGOZI, MOISES D  
470 ANSIN BLVD., BAY G  
HALLANDALE BEACH, FL 33009**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

000000847810  
03/19/08-80034-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EGOZI, MOISES D  
STREET ADDRESS 470 ANSIN BLVD BAY G  
CITY- ST- ZIP HALLANDALE, FL 33009

TITLE S  
NAME DIAZ, ANGEL M  
STREET ADDRESS 470 ANSIN BLVD BAY G  
CITY- ST- ZIP HALLANDALE, FL 33009

TITLE T  
NAME TOMAS, ANTONIO  
STREET ADDRESS 470 ANSIN BLVD., #G  
CITY- ST- ZIP HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-29-08

954-347-454