2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008909

Entity Name: ALASKA BREEZE, CORP.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

470 ANSIN BLVD., BAY G 470 ANSIN BLVD

HALLANDALE BEACH, FL 33009 US BAY G

HALLANDALE BEACH, FL 33009 US

Current Mailing Address: New Mailing Address:

470 ANSIN BLVD., BAY G 470 ANSIN BLVD

HALLANDALE BEACH, FL 33009 BAY G

HALLANDALE BEACH, FL 33009 US

FEI Number: 65-0809828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EGOZI, MOISES D
470 ANSIN BLVD., BAY G
EGOZI, MOISES D
470 ANSIN BLVD

HALLANDALE BEACH, FL 33009 US BAY G HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: MOISES EGOZI 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition

 Name:
 EGOZI, MOISES D
 Name:
 EGOZI, MOISES D

 Address:
 470 ANSIN BLVD BAY G
 Address:
 470 ANSIN BLVD BAY G

 City-St-Zip:
 HALLANDALE, FL 33009 US
 City-St-Zip:
 HALLANDALE, FL 33009 US

Title: S () Delete Title: () Change () Addition

 Name:
 DIAZ, ANGEL M
 Name:

 Address:
 470 ANSIN BLVD BAY G
 Address:

 City-St-Zip:
 HALLANDALE,, FL 33009 US
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 TOMAS, ANTONIO
 Name:

 Address:
 470 ANSIN BLVD., #G
 Address:

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES EGOZI PRES 05/01/2009