

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000018502

1. Entity Name
BREAKAWAY, INC.



Principal Place of Business
**16571 SW 95 STREET
MIAMI, FL 33196-1024**

Mailing Address
**16571 SW 95 STREET
MIAMI, FL 33196-1024**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0824985	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CEDENO, NANCY
16571 SW 95 STREET
MIAMI, FL 33196-1024**

**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

Nancy Cedeno Nancy Cedeno

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

(NOTE: Registered Agent signature required when reinstating)

4/7/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	SANTISTEBAN, RAFAEL
STREET ADDRESS	16571 SW 95 ST
CITY-ST-ZIP	MIAMI, FL 331961024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/13/05-80072-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL SANTISTEBAN

4-7-05

Date

305 752 5500

Daytime Phone #