


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S76604 1. Entity Name EASTERN BREEZE INTERNATIONAL CO.	
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Principal Place of Business 472 HIGH POINT DRIVE SUITE C DELRAY BEACH, FL 33445 US	Mailing Address 472 HIGH POINT DRIVE SUITE C DELRAY BEACH, FL 33445 US
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04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0277542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARSU, DANIEL 472 HIGH POINT DR SUITE C DELRAY BEACH, FL 33445
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARSU, DANIEL 472 HIGH POINT DRIVE, STE C DELRAY BEACH, FL 33445
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**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:  **DANIEL BARSU** 4/29/08 954 907-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #