

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V60436

1. Entity Name
BREAKERS 93 OF FLORIDA, INC.



Principal Place of Business
**11836 NW 9TH ST
CORAL SPGS, FL 33071 US**

Mailing Address
**11836 NW 9TH ST
CORAL SPGS, FL 33071 US**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0352567

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSEN, GEORGE J
11836 NW 9TH ST
CORAL SPGS, FL 33071**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000107235
04/09/04-80007-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, GEORGE J 11836 NW 9TH ST CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST ROSEN, VERA 11836 NW 9TH ST CORAL SPGS, FL 33071
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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 exemption stated in Section 119.07(3)(i), 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:

George J. Rosen (GEORGE J. ROSEN) REGISTRAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/04 984-755-0748

Daytime Phone #