

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED  
Apr 21, 2006 08:00 AM  
Secretary of State



01242006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0352567

Applied For  
Not Applicable

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

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000523017  
05/03/06-80055-023 150.00

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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 807, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 954255-0748  
Date Daytime Phone #