
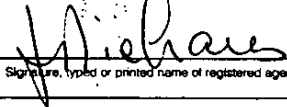
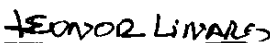


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90001 019 \*\*\*\*70.00

<b>DOCUMENT # 737194</b>					
1. Entity Name <b>BROWARD INTERNATIONAL WOMEN'S CLUB, INC.</b>					
Principal Place of Business 1237 SW 149 LANE SUNRISE, FL 33326		Mailing Address 1237 SW 149 LANE SUNRISE, FL 33326			
2. Principal Place of Business - No P.O. Box # <b>5960 NE 28 AVENUE</b>		3. Mailing Address <b>5960 NE 28 AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>		4. FEI Number <b>59-1730444</b>	
Zip <b>33308</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BESCH, ANGELA R 1237 S.W. 149 LANE SUNRISE, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>JACQUELINE NIEHAUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5960 NE 28 AVENUE</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33308</b>		
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  <b>JACQUELINE NIEHAUS</b> 06/6/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. Filing Fee is <b>\$61.25</b> Due by <b>September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONFORTE, ZUNILDA 21205 YACHT CLUB DR. #2602 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MONIQUE PEPPER 18901 SW 61 MANOR SOUTHWEST RANCHES, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV URIBE, XIMENA 1695 ORCHID BEND WESTON, FL 33327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT NORMA ROSMAN 21200 NE 38 AVENUE #2702 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINARES, LEONOR 11586 N.W. 5TH ST. CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECOND VICE PRESIDENT MHAIRI MILLER 2533 JARDIN LANE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MHAIRI 2533 YARDIE LANE WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LEONOR LINARES 11586 NW 5TH STREET CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSMAN, NORMA 21200 POINT PLACE #2709 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY HERMINE VOGLER 208 SAINT ANDREWS ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEPPER, MONIQUE 1237 SW 149 LANE SUNRISE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  <b>LEONOR LINARES</b>			6/6/08 954-755-3446		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		