## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001831

Entity Name: BROWARD ON BROADWAY, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 2708 NW 108 TERRACE
 2708 NW 108 TERRACE

 SUNRISE, FL 33322
 SUNRISE, FL 333221831

Current Mailing Address: New Mailing Address:

 2708 NW 108 TERRACE
 2708 NW 108 TERRACE

 SUNRISE, FL 33322
 SUNRISE, FL 333221831

FEI Number: 65-1023384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LEVINE, STEVEN T
 LEVINE, STEVEN T

 2708 NW 108 TERRACE
 2708 NW 108 TERRACE

 SUNRISE, FL 33322 US
 SUNRISE, FL 333221831 US

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.

SIGNATURE: 01/24/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 LEVINE, STEVEN T PRES.
 Name:
 LEVINE, STEVEN T PRES.

 Address:
 2708 N.W. 108 TERRACE
 Address:
 2708 N.W. 108 TERRACE

 City-St-Zip:
 SUNRISE, FL 33322 US
 SUNRISE, FL 333221831 US

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FREDEBAUGH, DANA VICE PR
 Name:

 Address:
 11000 S.W. 13 STREET
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33025 US
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEVINE, MERYL SECRE
 Name:

 Address:
 2708 NW 108 TERR
 Address:

 City-St-Zip:
 SUNRISE, FL 33322 US
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BLECKER, BARRET
 Name:

 Address:
 1300 GOLFVIEW DRIVE EAST
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRET BLECKER TD 01/24/2008