


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90031 043 ****61.25

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1. Entity Name
ENTREPRENEUR'S CLUB OF BROWARD, INC.



Principal Place of Business
**5720 MARGATE BLVD.
 MARGATE, FL 33063**

Mailing Address
**PO BOX 93-4125
 MARGATE, FL 33093**

60000808



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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 PD Delete
 NAME PANISH, ROBERT
 STREET ADDRESS 300 S. PINE ISLAND RD #215
 CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE PD Change Addition
 NAME *Charlie Gongs*
 STREET ADDRESS *11361 NW 171 St*
 CITY-ST-ZIP *PLANTATION, FL 33323*

TITLE VD Delete
 NAME KAUFMAN, OWEN
 STREET ADDRESS 19005 S. OCEAN BLVD
 CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME PEEPLES, BROOKSIE
 STREET ADDRESS 5720 MARGATE BLVD.
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME ROUSER, ANITA
 STREET ADDRESS 2650 N ANDREWS AVE
 CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE SD Change Addition
 NAME *Terry Beitbord*
 STREET ADDRESS *100 W Cypress Creek Rd Fifth Floor*
 CITY-ST-ZIP *FT LAUDERDALE, FL 33309*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *D. P. ...* Date: *1/5/06* Daytime Phone #: *954-977-8584*