
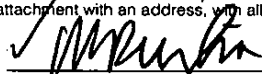


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 049 ****61.25

DOCUMENT # N04000009234					
1. Entity Name BROWARD COUNTY INTERGROUP, INC.					
Principal Place of Business 305 S. ANDREWS AVE., SUITE 502 FT. LAUDERDALE, FL 33301			Mailing Address 305 S. ANDREWS AVE., SUITE 502 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1672030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WRIGHT, MICHAEL R 305 S. ANDREWS AVE., SUITE 502 FT. LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	CD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDY, JAMES		NAME	Michael Wright	
STREET ADDRESS	1622 SW 149TH AVE		STREET ADDRESS	305 S. Andrews Ave. #502	
CITY-ST-ZIP	PENBROKE PINES, FL 33027		CITY-ST-ZIP	FT. Lauderdale, FL 33301	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, LEE		NAME	Jim Hill	
STREET ADDRESS	6644 SW 41ST STREET		STREET ADDRESS	305 S. Andrews Ave #502	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	FT. Lauderdale, FL 33301	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, LESLIE		NAME	Aileen Waech	
STREET ADDRESS	1401 NE 191ST ST #103D		STREET ADDRESS	305 S. Andrews #502	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP	FT. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		michael wright, Pres.		3/23/06 954-462-0265	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	