


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90289 023 \*\*\*\*61.25

**DOCUMENT # N95000003425**  
 1. Entity Name  
**BROWARD MUSICIANS ASSOCIATIONS, INC.**



Principal Place of Business Mailing Address  
 13780 NW 4 PLACE 13780 NW 4 PLACE  
 MIAMI FL 33168-4052 MIAMI FL 33168 -4052  
 US US



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0598154** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUERRESCHI, GLORIA**  
**13780 NW 4 PLACE**  
**NO MIAMI FL 33168 -4052**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRESCHI, GLORIA 13780 NW 4TH PL. MIAMI FL 33168-4052 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAY, GINNY 1100 SW 12TH ST., #C-108 FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, DONNA K 391 NW 35TH COURT FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR SLOEUAN, JACQUELYN <i>Deceased</i> <input checked="" type="checkbox"/> Delete 2790 NW 105 LANE SUNRISE FL 33322-1041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKALOW, JOHN <input type="checkbox"/> Delete 321 SE 3RD ST #402 DANIA FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC SNATCHKKO, BARBARA <input type="checkbox"/> Delete 321 SE 3RD #402 DANIA FL 33004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Beard Mem.</i> <b>Gladas Woods</b> <b>391 N.W. 35th Court</b> <b>Fort Lauderdale FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Gloria Guerreschi* Gloria Guerreschi 04/14/06 305-681-5484