

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112445

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BROWARD BORDERS & CURBS, INC.

## Current Principal Place of Business:

7154 N UNIVERSITY DR #321  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

7154 N UNIVERSITY DR #321  
TAMARAC, FL 33321

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BCH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLEMAN, WILLIE  
Address: 7154 N UNIVERSITY DR #321  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 7154 N UNIVERSITY DR #321  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: WIMBERLY, CLIFFORD  
Address: 7154 N UNIVERSITY DR #321  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD H. WIMBERLY

MR.

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date