2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90203 010 ***150.00

DOCUMENT # P05000113809

1. Entity Name
BNI BROWARD, INC.

Principal Place of Business	Mailing Address
941 NE 19TH AVENUE SUITE 306 FORT LAUDERDALE, FL 33304	941 NE 19TH AVENUE SUITE 306 FORT LAUDERDALE, FL 33304

02212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 W. McNab Rd	1000 W. McNab Road
Suite, Apt. #, etc.: Suite 108	Suite, Apt. #, etc.: Suite 108
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 Country: USA	Zip: 33069 Country:

4. FEI Number 20-3439093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAUFER, ALLAN CPA
1471 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309

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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREENAWALT-CARVAJAL, CYNTHIA 941 NE 19TH AVENUE 306 FORT LAUDERDALE, FL 33304	☒ Delete	VP MARTEL, FAY 1000 W. MCNab Road - STE 108 Pompano Beach FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTEL, LEO 941 NE 19TH AVENUE 306 FORT LAUDERDALE, FL 33304	☐ Delete	P MARTEL, LEO 1000 W. MCNab Road - STE 108 Pompano Beach FL 33069	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 607, 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: Leo Martel, Pres - Leo Martel 4/22/07 954-673-3726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #