

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000051942

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FORT LAUDERDALE CONVENTION SERVICES, INC.

**Current Principal Place of Business:**

1900 N.W. 21ST AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22366  
FORT LAUDERDALE, FL 333352366 US

**New Mailing Address:**

**FEI Number:** 20-5021978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FOX, PATRICIA  
Address: 1900 NW 21ST AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: SDT  
Name: COHEN, JOSEPH  
Address: 1900 NW 21ST AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA FOX

PD

04/27/2011

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

\_\_\_\_\_  
Date