


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # <b>S59273</b> 1. Entity Name <b>NFS OF BROWARD, INC.</b>	
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Principal Place of Business <b>1950 EISENHOWER BLVD. FT. LAUDERDALE, FL 33316</b>	Mailing Address <b>55 CAMBRIDGE PARKWAY STE 200 CAMBRIDGE, MA 02142</b>
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**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0279533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARMSTRONG JR., JOSEPH 8 HAWTHORNE AVE. WINCHESTER, MA 01890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLINSKI, PAUL E. 5 BIRDSALL LANE ATKINSON, NH 03811
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**DO NOT WRITE  
IN THIS SPACE**

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08/30/04-80008-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Joseph H. Armstrong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04 617-499-2700  
Date Daytime Phone #