

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 13 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000144677</b> 1. Entity Name <b>B.W. BROWARD CORP.</b>					
Principal Place of Business <b>18450 PINES BLVD PEMBROKE PINES, FL 33029</b>			Mailing Address <b>18450 PINES BLVD PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5899530</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONZON, YOEL E 2830 SW 137TH CT MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name <b>EDGAR MIRANDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>15610 SW 54TH ST</b> City <b>MIAMI</b> FL <b>33185</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<div style="text-align: right; font-weight: bold;">300093713913 03/19/07--01020--005 **150.00</div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MIRANDA, EDGAR</b> <b>15610 SW 54TH STREET</b> <b>MIAMI, FL 33185</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MIRANDA, ALINA</b> <b>15610 SW 54TH STREET</b> <b>MIAMI, FL 33185</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MIRANDA, ALINA</b> <b>15610 SW 54TH STREET</b> <b>MIAMI, FL 33185</b> <input checked="" type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>FERNIN GALAN</b> <b>1715 SW 87 Place</b> <b>MIAMI, FL 33165</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>ILIANA GALAN</b> <b>1715 SW 87 Place</b> <b>MIAMI FL 33165</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>K. Eckel MAR 13 2007</b>		
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:			President <b>03/07/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		