

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002936

**Entity Name:** BROKEN WING FOUNDATION, INC.

**Current Principal Place of Business:**

109 SOUTH STATE RD 7  
PLANTATION, FL 33317

**FILED**  
**Mar 30, 2022**  
**Secretary of State**  
**1492130710CC**

**Current Mailing Address:**

14651 SW  
5TH STREET  
PEMBROKE PINES, FL 33027 US

**FEI Number: 83-3553670**

**Certificate of Status Desired: No**

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

SMITH, PHABIAN  
14651 SW  
5TH STREET  
PEMBROKE PINES, FL 33027 US

*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

**Officer/Director Detail :**

Title            P  
Name            SMITH, PHABIAN  
Address        109 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

Title            S  
Name            LOPEZ, DANIEL  
Address        109 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

Title            T  
Name            CORNWALL, NIKEISHA  
Address        109 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PHABIAN SMITH**

**PRESIDENT**

**03/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date