

**2020 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

**Current Mailing Address:**

15757 PINES BLVD STE 184  
PEMBROKE PINES, FL 33027 US

**FEI Number: 83-3553670**

**Certificate of Status Desired: Yes**

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

SMITH, PHABIAN  
15757 PINES BLVD STE 184  
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 15757 PINES BLVD STE 184  
City-State-Zip: PEMBROKE PINES FL 33027

Title S  
Name LOPEZ, DANIEL  
Address 15757 PINES BLVD STE 184  
City-State-Zip: PEMBROKE PINES FL 33027

Title T  
Name CORNWALL, NIKEISHA  
Address 15757 PINES BLVD STE 184  
City-State-Zip: PEMBROKE PINES FL 33027

*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**

**05/28/2020**

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

\_\_\_\_\_  
Date