

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M13259

**Entity Name:** ALL BROWARD SERVICES, INC.

**Current Principal Place of Business:**

2224 SE 7TH STREET  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

P O BOX 5406  
FT LADUERDAEL, FL 33310-5406 US

**FEI Number:** 59-2518956

**Certificate of Status Desired:** No

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

WILDE, LORRAINE C  
2224 SE 7TH STREET  
POMPANO BEACH, FL 33062 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 DP  
Name LORRAINE, WILDE C  
Address 2224 SE 7TH STREET  
City-State-Zip: POMPANO BEACH FL 33062

Title VPD  
Name LETZELTER, DIANNE  
Address 327 PALM BLVD  
City-State-Zip: FORT LAUDERDALE FL 33326

*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:** LORRAINE C WILDE

**CEO**

**01/08/2015**

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

\_\_\_\_\_  
Date