

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489192

Entity Name: BROWARD BTL., INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

NORTH SHORE MEDICAL, ARTS BLDG.
1190 N.W. 95 STREET, STE 200
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

BROWARD BTL., INC.
P.O. BOX 245067
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-1688507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURENZO-VALOVICH, LINDA
8300 NW 19 STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURENZO-VALOVICH,, LINDA
Address: 8300 NW 19 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: VALOVICH, STEPHEN A
Address: 12 EDINBURGH DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN A VALOVICH

VP

01/12/2004

Electronic Signature of Signing Officer or Director

Date