ANNUAL.

DOCUMENT #489214

1. Entity Name

CENTRAL BROWARD CONSTRUCTION, INC.



FILED Apr 24, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

931 N W 53 CT

FT LAUDERDALE, FL 33309

931 N W 53 CT

FT LAUDERDALE, FL 33309



04192006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1630388

Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LORD, KENNETH J 2215 CYPRESS ISLAND DRIVE #103 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SOACE

				111	ITIIO OFACE
8. The above the obligat	named entity submits this statement for the pricons of registered agent.	rpose of changing its re-	gistered office or re	egistered agent, or bo	th, in the State of Florida. I am femiliar with, and accept
SIGNATURE.	Signature, typed or printed name at registered agent and title if	epp/licable (NOTE: Re	egistered Agent signature	required when reinstating?	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Etection Campaign Trust Fund Contribution 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LORD, KENNETH J 2215 CYPRESS ISLAND DRIVE #103 POMPANO BEACH, FL 33069 STD		-		U00000528332 05/05/06-80032-023 150.80
NAME STREET ADDRESS CITY-ST-ZIP	GAYLE A. LORD 2835 NE 35TH ST FT LAUDERDALE, FL 33306 EVP				
TITLE MAME STREET ADDRESS CITY-ST-ZUP	NEWELL, ROBERT V. 10322 S.W. 50TH AVE. COOPER CITY, FL 33328			DO	NOT WRITE
fitle name street aodress city-st-zip				IN T	THIS SPACE
THEE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR