


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90023 034 \*\*\*150.00

<b>DOCUMENT # 564132</b>	
1. Entity Name <b>MUFFLEX OF BROWARD, INC.</b>	

Principal Place of Business <b>2600 S. STATE RD 7 MIRAMIR, FL 33023</b>	Mailing Address <b>2602 S. W. RACQUET CLUB DR. PALM CITY, FL 34990 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2600 S. STATE RD 7</b>	3. Mailing Address <b>2600 S. STATE RD 7</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FL</b>	City & State <b>MIRAMAR, FL</b>
Zip <b>33023</b>	Zip <b>33023</b>
Country <b>USA</b>	Country <b>USA</b>



01292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1795064</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GIULIANI, SUSAN 2602 SW RACQUET CLUB DR PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name <b>KIM L. OWENS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 S. STATE RD. 7</b> City <b>MIRAMAR</b> FL Zip Code <b>33023</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kim L Owens* DATE 1/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, T MERENDA, WILLIAM A 621 N 65 TERR HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERENDA, WILLIAM A 621 N, 65 TERR. HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GIULIANI, SUSAN 2602 S. W. RACQUET CLUB DRIVE PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARLAND, JAMES 6021 POLK ST. APT. #1 HOLLYWOOD, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Merenda* DATE 1/29/08 DAYTIME PHONE # 954-963-4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR