


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90019 025 \*\*\*150.00

<b>DOCUMENT # 614221</b> 1. Entity Name <b>DOUBLE J OF BROWARD, INC.</b>					
Principal Place of Business <b>1800 NORTH COMMERCE PARKWAY SUITE 2 WESTON, FL 33326</b>			Mailing Address <b>1800 NORTH COMMERCE PARKWAY SUITE 2 WESTON, FL 33326</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>59-2068506</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BERGER, MICHAEL 15712 S.W. 41ST STREET SUITE 6 DAVIE, FL 33331</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>Michael Berger</u> Street Address (P.O. Box Number is Not Acceptable) <u>6400 N Andrews Ave Ste 370</u> City <u>Ft Lauderdale</u> <b>FL</b> Zip Code <u>33309</u>		
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 <u>Michael Berger</u> DATE <u>3/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGER, NINA 15712 SW 41ST STREET SUITE 6 DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 N Commerce Pkwy Ste 2 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERGER, RICHARD 15712 SW 41ST STREET SUITE 6 DAVIE, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 N Commerce Pkwy Ste 2 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Gina Bern</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/08    305 785 1460 <small>Date    Daytime Phone #</small>		

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