

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 694142

1. Entity Name
BROWARD LOCK & SAFE CO.



Principal Place of Business
**4548 NE 6TH AVE.
OAKLAND PARK, FL 33334 US**

Mailing Address
**2953 W. CYPRESS CREEK RD., STE. 101
FT. LAUDERDALE, FL 33309**



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2108011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PASSARIELLO, JOHN
2953 W. CYPRESS CREEK RD.
STE. 101
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jason Maxson

3-6-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000361591

04/03/08-80015-010 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MAXSON, JASON B**
STREET ADDRESS **4548 N.E. 6TH AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **V**
NAME **DUFFY, THOMAS**
STREET ADDRESS **4548 NE 6TH AVE.**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-08 (954)588-5625