

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694142

FILED
Jan 14, 2009
Secretary of State

Entity Name: BROWARD LOCK & SAFE CO.

Current Principal Place of Business:

4548 NE 6TH AVE.
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

960 MOCKINGBIRD LANE
#618
PLANTATION, FL 33324 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2108011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSARIELLO, JOHN
2953 W. CYPRESS CREEK RD.
STE. 101
FT LAUDERDALE, FL 33309 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: MAXSON, JASON B
Address: 4548 N.E. 6TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: V () Delete
Name: DUFFY, THOMAS
Address: 4548 NE 6TH AVE.
City-St-Zip: OAKLAND PARK, FL 33334 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXSON, JASON B
Address: 960 MOCKINGBIRD LANE #618
City-St-Zip: PLANTATION, FL 33324

Title: V (X) Change () Addition
Name: DUFFY, THOMAS
Address: 960 MOCKINGBIRD LANE #618
City-St-Zip: PLANTATION, FL 33324 US

Title: CEO () Change (X) Addition
Name: MAXSON, FLOYD S
Address: 6797 NE 7TH AVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FLOYD S MAXSON

CEO

01/14/2009

Electronic Signature of Signing Officer or Director

Date