2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #732204

1. Entity Name



FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90184 006 ****61.25

	OF CENTRAL BROWA								
Principal Plac 1211 NE 4TI FORT LAUDE		Mailing Address 1211 NE 4TH AVEN FORT LAUDERDALE			4000				
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007 Ch	ng-NP	CR2E037	(12/06)		
City & State		City & State	City & State		4. FEI Number 59-158043	0		⊢	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta		□ \$8	3.75 Add	itional
	6. Name and Address of Curr	ent Registered Agent			7. Name and Add	ress of New R			
TAYLOR, I	MICHAEL O		Name	e					
4952 NW 48 AVE FORT LAUDERDALE, FL 33319			Street Addres		(P.O. Box Number is Not Acceptable)				
	Ag.		City	•••	- result t			Zip Code	2
6 Th h	<u>.</u>		'		***		FL	•	
the obligat	named entity submits this statement ions of registered agent.	of the purpose of changing	g its registered office	or register	ed agent, or both, in	the State of Flo	orida. I am fam	niliar with,	and accept
		911	40		4	-1-			
	Milli	/ /2/24/2	////.".1						
SIGNATURE .	Signature, typed or printed name of registered a	georand title 1 applicable.	NOTE: Registered Agent sig		when reinstating)	10v	DATE	<u> </u>	2007
SIGNATURE .	Signature, typed or printed ranke of registered at Filling Fee is \$61.25 Due by May 1, 2007	9. Election		pnature required		N	DATE DATE DATE DATE	-	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND	9. Election Trust Full	NOTE: Registered Agent sig Campaign Financine nd Contribution.	g	\$5.00 May Be	M Flor	lake check poida Departme	ent of St	10
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Trust Ful	NOTE: Registered Agent signal Campaign Financing and Contribution. 11. ITILE NAME	g	\$5.00 May Be Added to Fees	M Flor ES TO OFFICE	lake check p ida Departm RS AND DIREC	ent of St	10
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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 617, 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: X CVA M. HILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2007 954-583-1136 Daytime Phone #