

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F31210**

1. Entity Name  
**BROWARD RADIATOR SERVICE, INC.**



Principal Place of Business

**1831 S. STATE ROAD 7  
FORT LAUDERDALE, FL 33317**

Mailing Address

**1831 S. STATE ROAD 7  
FORT LAUDERDALE, FL 33317**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2095767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KENT, DAVID  
6007 NW 65 TERR  
PARKLAND, FL 33067**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**U000000158024  
05/07/04-80005-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST KENT, DAVID 6007 NW 65 TERR PARKLAND, FL 33067</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KENT, DOUGLAS 9186 NW 19TH PL. SUNRISE, FL 33322</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Douglas D  
Kent pres*

Date

*4/29/04*

Daytime Phone #

*954-  
583-1188*