

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89733

Entity Name: BROWARD MICA, INC.

FILED  
Jun 08, 2006  
Secretary of State

**Current Principal Place of Business:**

1934 STIRLING RD  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

1934 STIRLING RD  
DANIA, FL 33004

**New Mailing Address:**

FEI Number: 59-2204923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, MORTON J., ESQ.  
2500 HOLLYWOOD BLVD STE 212  
HOLLYWOOD, FL 33020 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAVEZ, CARLOS,  
Address: 1627 BRICKELL AVENUE #905  
City-St-Zip: MIAMI, FL 33129 US

Title: TS ( ) Delete  
Name: CHAVEZ, CARLOS,  
Address: 1627 BRICKELL AVENUE #905  
City-St-Zip: MIAMI, FL 33129 US

Title: VM ( ) Delete  
Name: CHAVEZ, CARLOS  
Address: 1627 BRICKELL AVE. #905  
City-St-Zip: MIAMI, FL 33129 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS CHAVEZ

PD

06/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date