

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000001395

1. Entity Name
FOUR HUNDRED WEST BROWARD, INC.



Principal Place of Business
110 NW 5TH AVENUE
FORT LAUDERDALE, FL 33311

Mailing Address
110 NW 5TH AVENUE
FORT LAUDERDALE, FL 33311



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1373002	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVOTI, ANTHONY M JR.
ANTHONY M. LIVOTI, JR., P.A.
721 N.E. 3RD AVENUE
FT LAUDERDALE, FL 33304

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000780352
01/15/08-80015-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SCHREBE, WAYNE A
STREET ADDRESS	5600 OAKMONT AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33312

TITLE	S
NAME	BENYO, ROBERT
STREET ADDRESS	1045 W HILL DR
CITY-ST-ZIP	GATES MILLS, OH 44040

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	

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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: *Wayne A. Schrebe* - TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 (954) 363-8743

Date

Daytime Phone