

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90097 026 ***150.00

DOCUMENT # H89889

1. Entity Name

BROWARD FOOD BROKERS, INC.



Principal Place of Business

~~7900 SW 24TH ST STE 204~~
DAVIE FL 33324

Mailing Address

~~7900 SW 24TH ST STE 204~~
DAVIE FL 33324



2. Principal Place of Business

5058 Lakewood Dr

3. Mailing Address

4301 So. Flamingo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103-202

City & State

Cooper City FL

City & State

Davie FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. FEI Number

59-2610566

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROONEY, DAVID
5058 LAKEWOOD DRIVE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 instituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIDYETTE, EUGENE
STREET ADDRESS 3041 OLD ORCHARD RD
CITY-ST-ZIP DAVIE FL

TITLE SD ☐ Delete
NAME ROONEY, DAVE
STREET ADDRESS ~~8148 SO. SAVANNAH CIRCLE~~ **5058 Lakewood Dr**
CITY-ST-ZIP **DAVIE FL 33328 Cooper City FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06

Date

Daytime Phone #

954 931 7256