

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89889

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: BROWARD FOOD BROKERS, INC.

**Current Principal Place of Business:**

5058 LAKEWOOD DR  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

4301 S FLAMINGO RD  
SUTIE 103-202  
DAVIE, FL 33330

**New Mailing Address:**

5058 LAKEWOOD DR  
COOPER CITY, FL 33330

FEI Number: 59-2610566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROONEY, DAVID  
5058 LAKEWOOD DRIVE  
COOPER CITY, FL 33330 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIDYETTE, EUGENE  
Address: 3041 OLD ORCHARD RD  
City-St-Zip: DAVIE, FL

Title: SD ( ) Delete  
Name: ROONEY, DAVE  
Address: 5058 LAKEWOOD DR  
City-St-Zip: DAVIE, FL 33330

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

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 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: DAVE ROONEY

SD

01/12/2009

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

\_\_\_\_\_  
Date