
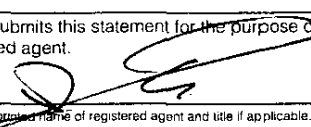
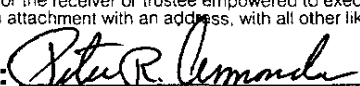


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90007 032 \*\*\*150.00

<b>DOCUMENT # M71334</b> 1. Entity Name <b>1400 CORPORATION OF BROWARD</b>					
Principal Place of Business <b>1600 NW 33 ST POMPANO BEACH FL 33064 US</b>			Mailing Address <b>1600 NW 33 ST POMPANO BEACH FL 33064 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARMONDA, JOHN</b> <b>3640 NW 58 ST</b> <b>COCONUT CREEK FL 33073</b>			Name <b>DONALD M. ALLISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1515 S FEDERAL Hwy # 306</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>		
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.		<b>DONALD M. ALLISON</b> (NOTE: Registered Agent signature required when reinstating)	
		DATE		<b>8-27-04</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARMONDA, JOHN</b>		NAME		
STREET ADDRESS	<b>3640 NW 58 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARMONDA, PETER</b>		NAME	<b>P/D</b>	
STREET ADDRESS	<b>3080 NE 47 CT #203</b>		STREET ADDRESS	<b>ARMONDA PETER R</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>		CITY-ST-ZIP	<b>3080 NE 47 CT #203</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>S</b>	
STREET ADDRESS			STREET ADDRESS	<b>BOSCO, CARME</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>1602 NW 33rd ST.</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	<b>POMPANO BEACH FLA 33064</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		<b>PETER R. ARMONDA</b> Date <b>AUGUST 27, 2004</b> Daytime Phone # <b>954 972-1970</b>	

54070889



MOORE CR2E034 (4/04)

4. FEI Number **65-0050189** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required