2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008128

Apr 07, 2009 Secretary of State

Entity Name: ENTREPRENEUR'S CLUB OF BROWARD, INC.

Current Principal Place of Business: New Principal Place of Business: 5720 MARGATE BLVD.

MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

PO BOX 93-4125 MARGATE, FL 33093

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KAUFMAN, OWEN KAUFMAN, OWEN Name: Name:

19005 S. OCEAN BLVD Address: 4799 COCONUT CREEK PARKWAY BOX 206 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: COCONUT CREEK, FL 33063

Title: SD () Delete Title: () Change () Addition

BREITBORD, TERRY Name: Name:

Address: 100 W. CYPRESS CREEK RD. 5TH FLOOR Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

GONGS, CHARLIE Name: GONGS, CHARLIE Name: 11361 NW 171 ST Address: Address: 11361 NW 17 ST City-St-Zip: PLANTATION, FL 33323 City-St-Zip: PLANTATION, FL 33323

Title: TD () Delete Title: () Change () Addition

Name: PEEPLES, BROOKSIE Name: Address: 5720 MARGATE BLVD. Address: City-St-Zip: MARGATE, FL 33063 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROOKSIE PEEPLES **TREA** 04/07/2009