


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90017 022 \*\*\*\*61.25

<b>DOCUMENT # N00169</b>	
1. Entity Name <b>BROWARD COUNTY CHAPTER NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.</b>	

Principal Place of Business 2601 E OAKLAND PARK BLVD #502 OAKLAND PARK, FL 33306 US	Mailing Address 2601 E OAKLAND PARK BLVD #502 OAKLAND PARK, FL 33306 US
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**44015703**

2. Principal Place of Business <b>2425 E Commercial Blvd</b> Suite, Apt. #, etc. # <b>201</b> City & State <b>Ft. Lauderdale FL</b> Zip <b>33308</b> Country <b>US</b>	3. Mailing Address <b>2425 E Commercial Blvd</b> Suite, Apt. #, etc. # <b>201</b> City & State <b>Ft. Lauderdale FL</b> Zip <b>33308</b> Country <b>US</b>
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02112004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2756174</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>WEINER, LAURA R., CPA</b> 2601 E OAKLAND PARK BLVD SUITE 502 FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name <b>Laura R. Weiner, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2425 E Commercial Blvd</b> Suite <b>201</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33308</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 **Katy Jones** **Katy Jones** **2/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENGEL, LIZ 27 E. PROSPECT ROAD FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KASKEL, SANDE 3010 OAKTREE LANE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERRAIR, MICHELE 7475 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDY, Nanci 801 N.E. 167TH ST., 2ND FLOOR N. MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Katy Jones** **Katy Jones** **2/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #