


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90198 048 \*\*\*\*70.00

<b>DOCUMENT # N01000006095</b> 1. Entity Name BROWARD CARNIVAL INC.	
---	---

Principal Place of Business 3678 NW 83RD LANE SUNRISE, FL 33351	Mailing Address PO BOX 25342 FORT LAUDERDALE, FL 33320
---	--

**24068403**



03262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0629619	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

<b>6. Name and Address of Current Registered Agent</b>  HARDIAL, DENNIS 3678 NW 83RD LN SUNRISE, FL 33351
---

<b>DO NOT WRITE IN THIS SPACE</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. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDIAL, DENNIS 3678 NW 83RD LN. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRELL, LINCOLN 3000 SW 60TH AVE FT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARAIN, PAMELA 2632 NW 65TH AVE POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:**  **DENNIS HARDIAL** **4/26/04** **954 972 9628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #