


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90009 018 ****61.25

DOCUMENT # N01501 1. Entity Name SOUTH BROWARD WHEELERS, INC.					
Principal Place of Business P O BOX 290723 DAVIE, FL 33329-0723 US			Mailing Address P O BOX 290723 DAVIE, FL 33329-0723 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2386014	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ESPINOSA, ELVI PO BOX 290723 DAVIE, FL 33329-0723				7. Name and Address of New Registered Agent Name: RICHARD L. BERGER Street Address (P.O. Box Number is Not Acceptable) 7401 SW 19th ST City: PLANTATION FL Zip Code: 33317	
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: RICHARD L. BERGER (TREASURER) <i>Rufus L. Berger</i> 3/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESPINOSA, MARCELINO PO BOX 290723 DAVIE, FL 333290723				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARLSON, GRAF PO BOX 290723 DAVIE, FL 333290723				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL SLOAN, CRAIG 4115 NW 96 TERR SUNRISE, FL 33351				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVY, STEVE 3771 RALEIGH ST HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rufus L. Berger</i> 3/20/06 (954) 792-4462 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					