


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000830 1. Entity Name BROADWAY CENTRE ASSOCIATION, INC.	
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Principal Place of Business 1525 W. HILLSBOROUGH AVE. TAMPA, FL	Mailing Address 1525 W. HILLSBOROUGH AVE. TAMPA, FL
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0104911	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIBER, SAM I 601 E. TWIGGS ST., STE. 200 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BEAN, THOMAS 1525 W. HILLSBOROUGH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALHI, D.S. 1525 W. HILLSBOROUGH AVE. TAMPA, FL
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05/27/08-80071-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **ARTZIBUSHEV** 4/25/08 113-237-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #