

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

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003304

1. Entity Name
BROWARD BULLDOGS, INC.



Principal Place of Business
**10081 PINES BLVD.
SUITE A
PEMBROKE PINES, FL 33024**

Mailing Address
**10081 PINES BLVD.
SUITE A
PEMBROKE PINES, FL 33024**



02272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0441011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASTESI, RAUL JR.
8105 N.W. 155 STREET
MIAMI LAKES, FL 33016**

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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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000077962

03/05/04-80008-018 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, ALEX
STREET ADDRESS 6320 HANCOCK ROAD
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330

TITLE SD
NAME FERNANDEZ, LOURDES
STREET ADDRESS 6320 HANCOCK ROAD
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330

TITLE VPT
NAME SEDELL, MIKE
STREET ADDRESS 11072 BOSTON DRIVE
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX FERNANDEZ

03/01/04

Date

(954) 885-1021

Daytime Phone #