

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N03000004859

Entity Name: BNI OF PEMBROKE PINES FLORIDA, INC.

Current Principal Place of Business:

C/O MILLEDGE & IDEN
3240 CORPORATE WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

C/O MILLEDGE & IDEN
3240 CORPORATE WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 14-1886821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDEN, BRUCE
3240 CORPORATE WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SCHNEIDER, JEFFREY
Address: 14501 SW 24TH ST.
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: MARTIN, JOSE
Address: 1000 CORPORATE DRIVE, SUITE 700
City-St-Zip: FT LAUDERDALE, FL 33334

Title: ST () Delete
Name: IGNACIO, DIANA
Address: 4410 WESTON ROAD
City-St-Zip: WESTON, FL 333313193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: MARTIN, JOSE
Address: 1000 CORPORATE DRIVE SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: P (X) Change () Addition
Name: BARDSLEY, KIM A
Address: 14501 SW 29TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: ST (X) Change () Addition
Name: SCHNEIDER, JEFF
Address: 14501 SW 29TH STREET
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BARDSLEY

P

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date