

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# N03000004859

Entity Name: BNI OF PEMBROKE PINES FLORIDA, INC.

Current Principal Place of Business:

C/O BRUCE F. IDEN P.A.
3240 CORPORATE WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

C/O BRUCE F. IDEN P.A.
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: P () Delete
Name: DEAN, IODICE
Address: 2324 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Delete
Name: MAZAL, STEVEN
Address: 3050 CORPORATE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: ST () Delete
Name: IDEN, BRUCE F
Address: 3240 CORPORATE WAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BINGHAM, SHARYN M
Address: 10100 WEST SAMPLE ROAD, SUITE 401
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MUSCARELLA, RONALD A
Address: 4462 NORTH UNIVERSITY DRIVE
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARYN M. BINGHAM

P

09/29/2008

Electronic Signature of Signing Officer or Director

_____ Date