

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 29, 2009  
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: MARTIN, JOSE  
Address: 5900 N. ANDREWS AVENUE, SUITE 800  
City-St-Zip: FT. LAUDERDALE, FL 33309Title: VP ( ) Delete  
Name: IDEN, BRUCE  
Address: 3240 CORPORATE WAY  
City-St-Zip: MIRAMAR, FL 33025Title: ST ( ) Delete  
Name: MUSCARELLA, RONALD A  
Address: 4462 NORTH UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: COHEN, MICHAEL J  
Address: 1792 BELLTOWER LANE  
City-St-Zip: WESTON, FL 33326Title: VP (X) Change ( ) Addition  
Name: HARRIS, JAY  
Address: 6555 N. POWERLINE ROAD, SUITE 114  
City-St-Zip: FT. LAUDERDALE, FL 33309Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL J. COHEN

P

09/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date