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

## DOCUMENT # N03838

1. Entity Name YOUTH AUTOMOTIVE TRAINING CENTER OF BROWARD, INC.



**FILED** Jan 24, 2008 8:00 am Secretary of State 01-24-2008 90028 038 \*\*\*\*61.25

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399 SOUTHWEST 3RD AVE 100 . Deerfield Beach, Fl 33441 US ATTN			Address IM MORAN BLVD : ALAN BROWDY FIELD BEACH, FL	33442 US	,						
2. Principal Place of Business - No P.O. Box # 3. Mail				ng Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01082008	Chg-NP	CR2E037	7 (12/06)	
City & State			Cit	City & State			4. FEI Numbe 59-2432				plied For t Applicable
Zip Country Zip				Country				8.75 Add ee Required			
6. Name and Address of Current Registere				d Agent			7. Name and	Address of New i	Registered A	gent	
	•				Nam	е					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Stree	Street Address (P.O. Box Number is Not Acceptable)						
					City	-			FL	Zip Code	<del></del>
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											
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	Filing Fee is \$ Due by May 1,			9. Election Car Trust Fund C		9 🗆	\$5.00 May Be Added to Fees		Make check rida Depart		
10.	- (	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIR	ECTORS IN	10
TITLE	DP			₩ Delete	TITLE	D.	5	_		Change	Addition
NAME	MORAN, JAMES	S M		•	NAME	ME MAY MELANIE					
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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.

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SIGNATURE AND TYPED OR PRINTER HAME OF SIGNING OFFICER OR DIRECTOR

BROWDY ALAN

100 1/14 Date

954-429-2245