

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001010

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: CONCERNED CITIZENS OF BROWARD, INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD, STE. 400  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD, STE. 400  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-0655215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUERRA, PHILIP  
2525 PONCE DE LEON BLVD, STE. 400  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

TRAINA, SAM  
2525 PONCE DE LEON BLVD, STE. 400  
CORAL GABLES, FL 33134 US

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: SAM TRAINA      03/03/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: TC      ( ) Delete  
Name: ADORNO, HENRY N  
Address: 2525 PONCE DE LEON BLVD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TS      ( ) Delete  
Name: YOSS, GEORGE T  
Address: 2525 PONCE DE LEON BLVD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TT      ( ) Delete  
Name: GUERRA, PHILIP  
Address: 2525 PONCE DE LEON BLVD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TT      (X) Change ( ) Addition  
Name: TRAINA, SAM  
Address: 2525 PONCE DE LEON BLVD, STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

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: HENRY N. ADORNO      TC      03/03/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date