

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004187

FILED
Apr 12, 2009
Secretary of State

Entity Name: BRAXTON SERVE-N-RETURN, INC.

Current Principal Place of Business:

14841 SW 20TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

14841 SW 20TH STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 83-0394711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, V. ARMAND
C/O COLSON, SAWYER & ASSOCIATES, LLC
1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
SUNRISE, FL 33323 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: DP () Delete
Name: BRAXTON, KEROLEAN
Address: 14841 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: DV () Delete
Name: BRAXTON, EMMETT O
Address: 14841 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: ROBINSON, ALZETH
Address: 1506 NW 112TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT () Delete
Name: JOHNSON, VIRGIL
Address: 4200 SW 26TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: D () Delete
Name: JOHNSON, SARAH
Address: 18031 NW 9TH COURT
City-St-Zip: MIAMI, FL 33169

Title: DCHA () Delete
Name: COLSON, V. ARMAND
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FL
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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

Title: () 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: KEROLEAN BRAXTON

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date