

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004187

FILED  
May 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

14841 SW 20TH STREET  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

14841 SW 20TH STREET  
MIRAMAR, FL 33027 US

**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  
**Name:** BRAXTON, KEROLEAN  
**Address:** 14841 SW 20TH STREET  
**City-St-Zip:** MIRAMAR, FL 33027 US

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** KEROLEAN BRAXTON

DP

05/01/2012

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

\_\_\_\_\_  
Date