

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001289

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THE BROWARD SCORPIONS, INC.

## Current Principal Place of Business:

1066 SW 159TH WAY  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

20890 NW 18TH ST  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

1066 SW 159TH WAY  
PEMBROKE PINES, FL 33027

## New Mailing Address:

20890 NW 18TH ST  
PEMBROKE PINES, FL 33029

FEI Number: 83-0418154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, MARIO L  
16137 SW 15TH ST  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

PELLON, ALEJANDRO  
20890 NW 18TH ST.  
PEMBROKE PINES, FL 33029 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: ALEJANDRO PELLON

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ACOTSA, MARIO  
Address: 1066 SW 159TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD (X) Delete  
Name: ENRIQUEZ, JERRY  
Address: 17615 NW 91 CT  
City-St-Zip: MIAMI, FL 33018

Title: STD (X) Delete  
Name: PEREZ, MARIO L  
Address: 16137 SW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: PELLON, ALEJANDRO  
Address: 20890 NW 18TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33029

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: ALEJANDRO PELLON

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date