

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