2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# N06000002563

Entity Name: BROWARD RED DOGS INC.

Current Principal Place of Business:

2634 SW 181ST TERR.
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

2634 SW 181ST TERR.
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 20-4656744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARCIA, ONEL
2634 SW 181ST TERR.
MIRAMAR, FL 33029 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:	PD	( ) Delete
Name:	GARCIA, ONEL	
Address:	2634 SW 181ST TERR.	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	D	( ) Delete
Name:	GARCIA, DAWN	
Address:	2634 SW 181ST TERR.	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	D	( ) Delete
Name:	ALVAREZ, NESTOR	
Address:	1951 NW 191ST AVE	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	O	(X) Delete
Name:	MOGILEVSKY, LILIANA	
Address:	18434 NW 10TH ST.	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	O	( ) Delete
Name:	MELGAREJO, ORESTES	
Address:	17258 SW 13TH ST.	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	O	(X) Delete
Name:	MAHON, MARLEN	
Address:	1885 SW 177TH AVE	
City-St-Zip:	MIRAMAR, FL 33029	

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:	
Title:	( ) Change ( ) Addition
Name:	
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 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: ONEL GARCIA PD 01/23/2007

Electronic Signature of Signing Officer or Director — Date