2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # N06000004445 1. Entity Name BROWARD ACADEMY, INC. Principal Place of Business Mailing Address % MARIA PRESTON % MARIA PRESTON 5850 S. PINE ISLAND ROAD 5850 S. PINE ISLAND ROAD **DAVIE FL 33328** DAVIE FL 33328 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apr. #, erc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-1278800 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, GENE S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1550 NE MIAMI GARDENS DRIVE SUITE 305 NORTH MIAMI BEACH FL 33179 City Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent Signalure, typed or printed name of registered agent and title if applicable INOTE: Begistered Agent signabure regulated when reinstanding DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. T:TLE ☐ Delete TITLE U00000852009 🗆 Chango PRESTON, MARIA MAME NAME 04/03/08-80033-017 61.25 1925 LAKE POINT DR STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY+ST-ZIP CITY-ST-ZIP T:TIE ☐ Delate IITi.F Change Addition COHEN, STEVEN DAME NAME 2945 SURREY LANE SIRFET ADDRESS STREET ADDRESS WESTON FL 33331 CITY- ST-ZIE CITY-ST-ZIP TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP THE ☐ Delete mu Change . Addition NAME NA: IF STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ne:tibbA 🔲 NAME STREET AUDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACURESS CITY-ST-ZIP CITY-ST-ZP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

an address, with all other like empowered.

if changed, or on an attachment with

SIGNATURE