

FILED
Mar 17, 2008 08:00 A
Secretary of State



BROWARD ACADEMY, INC.

Mailing Address

% MARIA PRESTON
5850 S. PINE ISLAND ROAD
DAVIE FL 33328

3. Mailing Address

Suite, Apt #, etc

City & State

Country

CR2E037 (10/07)

65-1278800

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature: Typed or printed name of registered agent and title (applicant)

(NOTE: Phys signed Agent signature is required when in possession)

CATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	U000000862039	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	04/03/08-80033-017	61.25	
STREET ADDRESS			
CITY- ST- ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: UNP/2/HON 2/19/08 (954) 401-2024