## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2008 8:00 am Secretary of State

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DOCUMENT # N0700002688  1. Entity Name NORTHWEST BROWARD RAIDERS INC.								0	4-15-2008	90021 003	3 ****61.	.25
Principal Place of Business 1910 NW 54TH AVENUE MARGATE, FL 33063			Mailing Address 1910 NW 54TH AVENUE MARGATE, FL 33063				60023098					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02042008	hg-NP	CR2E03	7 (12/06)	
City & State			City & State			···· <u>-</u> ····		4. SEI Number	677	372		oplied For ot Applicable
Zip		Country	Zi		Cou	ntry		5. Certificate of S		ا	\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curren	t Register	ed Agent				7. Name and Ad	dress of New	Registered A	gent	
DICRESCI 665 SE 10 SUITE 201 DEERFIEL	TH STRE	GELA D					treet Address (P.O. Box Number is Not Acceptable)					
11	4	6. 6.								FL	Zip Code	e
	e named enfit tions of regis	y submits this statement lered agent.	for the purp	oose of changing its r	registere	ed office or re	egistere	ed agent, or both, i	n the State of F	Florida. I am f	amiliar with,	and accept
CICNIATURE												
SIGNATURE		d or printed name of registered agei	nt end title if ap	plicable. (NOTE:	: Registered	d Agent signature	required	when reinstating)		DATE		
SIGNATURE	Signature, typed	or printed name of registered ages oe is \$61.25 flay 1, 2008	nt and title if ap	9. Election Cam Trust Fund Ca	ıpaign Fi	inancing _		when reinstating) \$5.00 May Be Added to Fees	E 18	DATE Máke chéck orida Depart		Ta Company
SIGNATURE	Signature, typed	e is \$61.25		9. Election Cam Trust Fund C	ıpaign Fi	inancing _	]	\$5.00 May Be Added to Fees	, Flo	Máke chéck orida Depart	ment of S	tate
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12. I hereby certify that the information supplied with this Hiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is profe 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 trosted employee 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #