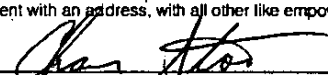


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90367 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N09962</b><br>1. Entity Name<br><b>BROWARD ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                     |                                                                                                                                                                                                                                       |                |  |
| Principal Place of Business<br><b>9000 NW 28 DR., #309</b><br><b>CORAL SPRINGS, FL 33065 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                     | Mailing Address<br><b>P.O. BOX 491208</b><br><b>FORT LAUDERDALE, FL 33349-1208 US</b>                                                                                                                                                 |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                       |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                       |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | City & State                                                                        |                                                                                                                                                                                                                                       |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                       | Zip                                                                                 | Country                                                                                                                                                                                                                               | 4. FEI Number<br><b>59-2440528</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                     |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                     |                                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMSON, PATRICIA R.</b><br><b>9000 NW 28TH DR</b><br><b>#309</b><br><b>CORAL SPRINGS, FL 33065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                 |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                              |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                          |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BLALOCK, JOHN                                 |                                                                                     | NAME                                                                                                                                                                                                                                  | Charles Stout                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1000 S. PINE ISLAND RD.                       |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        | 301 Yamato Rd                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLANTATION, FL 33324                          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           | Boca Raton, FL 33431                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GORODETSKY, LEE                               |                                                                                     | NAME                                                                                                                                                                                                                                  | P                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1001 W. CYPRESS CREEK RD.                     |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORT LAUDERDALE, FL 33309                     |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GORCHOFF, DALE                                |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 W. CYPRESS CREEK RD.                      |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORT LAUDERDALE, FL 333089                    |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PIERRE, ARNOLD                                |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4760 N STATE RD 7                             |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORT LAUDERDALE, FL 33319                     |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LANGER, IRA                                   |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5900 NORTH ANDREWS AVENUE #100                |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORT LAUDERDALE, FL 33309                     |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CHALOM, JOSEPH                                |                                                                                     | NAME                                                                                                                                                                                                                                  |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9825 W SAMPLE RD #206                         |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                        |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CORAL SPRINGS, FL 33065                       |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                           |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                                     | <b>CHARLES STOUT</b>                                                                                                                                                                                                                  |                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                                                     | Date: <b>4/13/2005</b> Daytime Phone #: <b>561-994-2210</b>                                                                                                                                                                           |                                                                                                 |  |

50041568



04082005 Chg-NP CR2E037 (10/03)

ATTACHMENT

50041568  
#N09962

2004-2005 Officers and Directors

V

Job De Ojeda  
318 Indian Trace, #144  
Ft. Lauderdale, FL 33326

S/T

Matthew Benson  
1000 Corporate Drive, 7th floor  
Ft. Lauderdale, FL 33334

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D

Clifton W. Eserman  
858 Oaks Lane, #801  
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D

Natalie E. Fong, CLTC  
5900 N. Andrews Avenue #800  
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Lorentz Kristiansen, LUTCF  
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Benedict A. Mitchell, Jr., NIPA, APR  
222 Lakeview Avenue, #160-288  
West Palm Beach, FL 33401

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D

Mark Rolnick  
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J. Auber Smith  
351 South Cypress Road, #315  
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Charles Zloch, LUTCF  
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