



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N36310</b> 1. Entity Name <b>METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION INC.</b>						<p><b>FILED</b></p> <p><b>07 SEP 21 PM 2: 26</b></p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business <b>3800 W BROWARD BLVD. BANK OF AMERICA BLDG. FT. LAUDERDALE, FL 33312 US</b>				Mailing Address <b>3800 W BROWARD BLVD. BANK OF AMERICA BLDG. FT. LAUDERDALE, FL 33312 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number <b>65-0200546</b>				Applied For <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  <b>CARN, MICHAEL E 3800 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Michael E. Carn</u> <span style="float: right;">300109961603 09/26/07--01038--014 ***61.25 9.17.2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>				9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	CD WEBSTER, CHARLES 3800 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alyce Zahniser 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALDRON, DONNA 3800 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth L. Binger 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORY, LAURA 3800 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vivian Porcell 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIZZI, MARK 3800 W. BROWARD BLVD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hope Calhoun 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASQUET, FRITZ JR 3800 W. BROWARD BLVD FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Danny Santivasci 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL, MOLNAR 3800 W. BROWARD BLVD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gregory Daniel 3800 West Broward Blvd Fort Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: Michael E. Carn</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							