


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003425</b> 1. Entity Name <b>BROWARD MUSICIANS ASSOCIATIONS, INC.</b>					
Principal Place of Business <b>13780 NW 4 PLACE MIAMI FL 33168 US</b>			Mailing Address <b>13780 NW 4 PLACE MIAMI FL 33168 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0598154</b>	
Zip		Country		5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GUERRESCHI, GLORIA 13780 NW 4 PLACE NO MIAMI FL 33168</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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	TD <b>GUERRESCHI, GLORIA</b> <input type="checkbox"/> Delete <b>13780 NW 4TH PL.</b> <b>MIAMI FL 33168-4052</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000321979</b> <b>04/21/05-80100-004 61.25</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <b>KAY, GINNY</b> <input type="checkbox"/> Delete <b>1100 SW 12TH ST., #C-108</b> <b>FORT LAUDERDALE FL 33315</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>MEYERS, DONNA K</b> <input type="checkbox"/> Delete <b>391 NW 35TH COURT</b> <b>FORT LAUDERDALE FL 33309</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SR <b>SLOEUAN, JACQUELYN</b> <input type="checkbox"/> Delete <b>2790 NW 105 LANE</b> <b>SUNRISE FL 33322-1041</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <b>BUCKALOW, JOHN</b> <input type="checkbox"/> Delete <b>321 SE 3RD ST #402</b> <b>DANIA FL 33004</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SC <b>SNATCHKKO, BARBARA</b> <input type="checkbox"/> Delete <b>321 SE 3RD #402</b> <b>DANIA FL 33004</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:** *Gloria Guerreschi* **Gloria Guerreschi** **04/18/05** **305-681-5484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #