

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N99000000402

Entity Name: BROWARD DAYS, INC.

Current Principal Place of Business:

450 E. LAS OLAS BLVD., STE. 750
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

1500 NW 49TH STREET
FT. LAUDERDALE, FL 33309

Current Mailing Address:

450 E. LAS OLAS BLVD., STE. 750
FT. LAUDERDALE, FL 33301

New Mailing Address:

1500 NW 49TH STREET
FT. LAUDERDALE, FL 33309

FEI Number: 65-0888015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDMAN, JAMES
1500 NW 49TH STREET
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOKE, LINDA M
Address: 1301 RIVER REACH DR APT 303
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: PETERSON, BO
Address: 450 E. LAS OLAS BLVD., STE. 750
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: KEISER, BELINDA
Address: 1500 NW 49 STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: ROGERS, ROY
Address: 2200 PARK CENTRAL BLVD NORTH
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: DEON, KEN
Address: 777 S FLAGLER DRIVE STE 215
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ABRAMS, THOMAS
Address: 1776 N PINE ISLAND ROAD
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COOKE, LINDA M
Address: 1301 RIVER REACH DR, APT 303
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change () Addition
Name: MAJZLIN, JEROME
Address: 521 NW 78TH WAY
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARVEY, ELISSA
Address: 4700 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME MAJZLIN

D

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date