

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 013 ****61.25

20053938


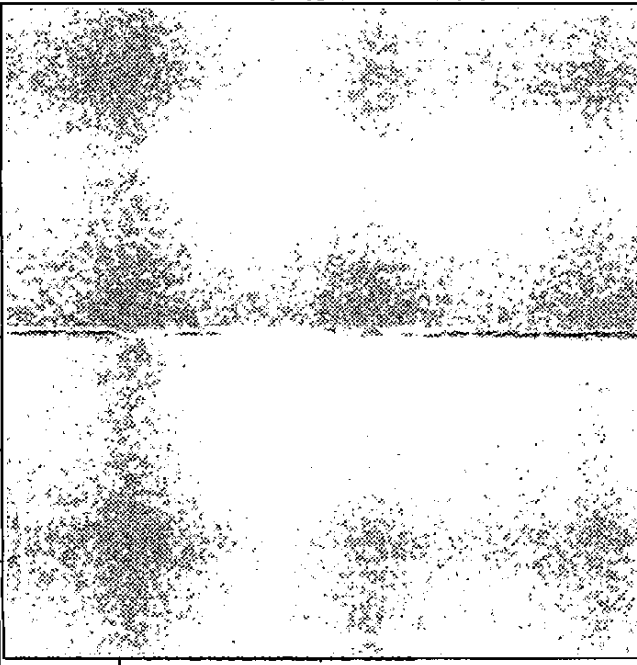


DOCUMENT # N99000000402					
1. Entity Name BROWARD DAYS, INC.					
Principal Place of Business 1500 NW 49TH STREET FT. LAUDERDALE, FL 33309			Mailing Address 1500 NW 49TH STREET FT. LAUDERDALE, FL 33309		
2. Principal Place of Business 512 NE Third Ave.		3. Mailing Address 512 NE Third Ave.		08252006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0888015	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		Applied For Not Applicable	
Zip 33301	Country USA	Zip 33301	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDMAN, JAMES 1500 NW 49TH STREET FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 1900 W. Commercial Blvd.		
			City Fort Lauderdale	FL	Zip Code 33309
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, LINDA M		NAME	Moskowitz, Jo	
STREET ADDRESS	1301 RIVER REACH DR, APT 303		STREET ADDRESS	851 W. Cypress Creek Road	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJZLIN, JEROME		NAME	Pisula, John	
STREET ADDRESS	521 NW 78TH WAY		STREET ADDRESS	3300 N University Dr, #250	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEISER, BELINDA		NAME	Van Fleet, Robert	
STREET ADDRESS	1500 NW 49 STREET		STREET ADDRESS	600 Sagamore Road	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, ROY		NAME	Epstein, Joey	
STREET ADDRESS	2200 PARK CENTRAL BLVD NORTH		STREET ADDRESS	100 NE Third Ave	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ELISSA		NAME	Harvey, Elissa	
STREET ADDRESS	4700 COCONUT CREEK PARKWAY		STREET ADDRESS	4700 Coconut Creek Parkway	
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, THOMAS		NAME	Majzlin, Jerome	
STREET ADDRESS	1776 N PINE ISLAND ROAD		STREET ADDRESS	521 NW 78th Way	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322		CITY-ST-ZIP	Plantation, FL 33324	
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.					
SIGNATURE: Jerome Majzlin, D-Executive Director		Date: 08/25/2006		Daytime Phone #: 954.383.0654	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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ATTACHMENT

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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bates, Elizabeth STREET ADDRESS 3701 Florida Atlantic Blvd. CITY-ST-ZIP Boca Raton, FL 33431	
				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ericks, Candice STREET ADDRESS 205 S. Adams Street CITY-ST-ZIP Tallahassee, FL 32301	
				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Colodny, Michael STREET ADDRESS 1 Financial Plaza/ 100 SE 3 Ave. CITY-ST-ZIP Fort Lauderdale, FL 33394	
				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Stoddart, Cindy STREET ADDRESS 141 NW 16th Street CITY-ST-ZIP Pompano Beach, FL 33060	
				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Pollock, Christopher STREET ADDRESS 512 NE Third Ave. CITY-ST-ZIP Fort Lauderdale, FL 33301	
				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Keiser, Belinda STREET ADDRESS 1900 W. Commercial Blvd., #180 CITY-ST-ZIP Fort Lauderdale, FL 33301	
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.					
SIGNATURE: Jerome Majzlin, D-Executive Director <i>JMajzlin</i>				08/25/2006 954.383.0654	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					