

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000402

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BROWARD DAYS, INC.

**Current Principal Place of Business:**

512 NE THIRD AVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

512 NE THIRD AVE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0888015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EPSTEIN, JOEY  
100 NE THIRD AVE  
STE 300  
FORT LAUDERDALE, FL 33301 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: MOSKOWITZ, JO  
Address: 851 W CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

Title: D ( ) Delete  
Name: KEISER, BELINDA  
Address: 1900 W COMMERCIAL BLVD, STE 180  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: STONE, TODD  
Address: 401 EAST LAS OLAS BLVD, STE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: D ( ) Delete  
Name: EPSTEIN, JOEY  
Address: 100 NE THIRD AVE, STE 300  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date