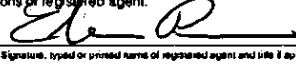
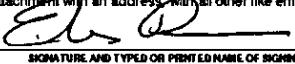


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90180 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000012716		
1. Entity Name A & B ENTERPRISES OF BROWARD COUNTY, INC.		
Principal Place of Business 4759 NW 120TH WAY CORAL SPRINGS, FL 33076 US		Mailing Address 4759 NW 120TH WAY CORAL SPRINGS, FL 33076 US
2. Principal Place of Business 940 Tradewinds Bend		3. Mailing Address 940 Tradewinds Bend
City & State Weston, FL		City & State Weston, FL
Zip 33327	Country BROWARD	Zip 33327 Country BROWARD
4. FEI Number 65-1043877		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PORRAS, ELIAS 4759 NW 120TH WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 940 Tradewinds Bend City Weston FL Zip Code 33327
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  DATE 4/14/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)		
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Delete NAME PORRAS, ELIAS STREET ADDRESS 4759 NW 120TH WAY CITY-ST-ZIP CORAL SPRINGS, FL 33076		TITLE ☒ Change ☐ Addition NAME 940 Tradewinds Bend STREET ADDRESS Weston, FL 33327
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 607, 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:  DATE 4/14/03 OFFICE PHONE # 954-325-8784 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CH2E034 (10/02)