

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000014702

FILED
Mar 21, 2005
Secretary of State**Entity Name:** BROWARD CONTRACTING CORP.**Current Principal Place of Business:**4350 W.SUNRISE BLVD.
120
PLANTATION, FL 33313**New Principal Place of Business:****Current Mailing Address:**4350 W.SUNRISE BLVD.
120
PLANTATION, FL 33313**New Mailing Address:****FEI Number:** 65-0991129**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, STEVE
4350 W.SUNRISE BLVD
120
PLANTATION, FL 33313 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:** PD () Delete
Name: MILLER, STEVE
Address: 4350 W.SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33313**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC () Change (X) Addition
Name: TREGLIA, ALAN
Address: 1204 POPE LANE
City-St-Zip: LAKE WORTH, FL 33460**Title:** VP () Change (X) Addition
Name: MILLER, ANTHONY
Address: 220 HOLLOWAY DR. #8
City-St-Zip: PLANTATION, FL 33313

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MILLER

PD

03/21/2005

Electronic Signature of Signing Officer or Director_____
Date