

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000099444**

1. Entity Name

PIPES OF BROWARD COUNTY, INC.



Principal Place of Business

1400 NW 65TH AVE.  
PLANTATION, FL 33313

Mailing Address

1400 NW 65TH AVE.  
PLANTATION, FL 33313



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0421673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GLASSMAN, JOEL  
1400 NW 65TH AVE.  
PLANTATION, FL 33313

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GLASSMAN, JOEL  
STREET ADDRESS 1400 NW 65TH AVE.  
CITY-ST-ZIP PLANTATION, FL 33313

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000733288  
05/09/07-80080-012 150.00

DO NOT WRITE  
IN THIS SPACE

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 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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2007  
Date Daytime Phone #