2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am DOCUMENT # P00000112213 **Secretary of State** BROWARD REAL ESTATE CENTER, INC. 03-19-2007 90052 018 ***150.00 Principal Place of Business Mailing Address 3941 RIVERLAND ROAD 3941 RIVERLAND ROAD FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-1071044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RADO, KEVIN 3941 RIVERLAND ROAD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33312 City Zip Code 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 registerod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Residen! TOTAL ☐ Delete THE Change Addition RADO, KEVIN NAME MAME RIVERLAND Rd 74 33312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT! F TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS

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 empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

- KEVIN RAD

TED NAME OF SIGNING OFFICER OR DIRECTO

3/15/07

954-471-7780

Daytinie Phone #

FILED