


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113540		
1. Entity Name BROWARD MORTGAGE TRUST, INC.		
Principal Place of Business 11776 W. SAMPLE RD #106 CORAL SPRINGS, FL 33331	Mailing Address 5250 S.W. 178TH FT. LAUDERDALE, FL 33331	

FILED  
06 MAY 10 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1067072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROOPCHAND, SOOKRANIE 5250 S.W. 178TH FT. LAUDERDALE, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100075379951 06/28/06--01052--006 **350.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOPCHAND, SOOKRANIE 5250 S.W. 178TH FT. LAUDERDALE, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ 4/24/06 944-755-7788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #