

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081249

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** WEST BROWARD COMMUNITY MANAGEMENT, INC.

**Current Principal Place of Business:**

11530 STATE ROAD 84  
DAVIE, FL 33325

**New Principal Place of Business:**

820 S. STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

11530 STATE ROAD 84  
DAVIE, FL 33325

**New Mailing Address:**

820 S. STATE ROAD 7  
PLANTATION, FL 33317

**FEI Number:** 01-0626784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALVATORE, FIORE  
11530 STATE ROAD 84  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

ANGELA, FIORE  
820 S. STATE ROAD 7  
PLANTATION, FL 33317 US

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: ANGELA FIORE

04/20/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FIORE, ANGELA  
Address: 820 S. STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: ANGELA FIORE

CEO

04/20/2010

Electronic Signature of Signing Officer or Director

Date