2004 FOR PROFIT CORPORATION

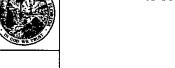
ANNUAL REPORT

DOCUMENT # P02000002599

1. Entity Name BROWARD INVESTORS GROUP, INC.



FILED Mar 31, 2004 8:00 am Secretary of State 03-31-2004 90004 019 ***150.00



						100						
Principal Place of Business C/O RICHARD JAGUSTYN 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33334				Mailing Address C/O RICHARD JAGUSTYN 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33334				: # 16 (1 86) 19		i e an ia mbiin si	54024	1881 d) 1841
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01072004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State				4. FEI Number 26-0030656				plied For t Applicable
Zip	Country			Zip	ntry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name a	and Address of Curren	t Regis				7. Name and Address of New Registered Agent					
						Name						
BORNSCHE -701-EAST-C #200	EXANDER CIAL-BLVD	<u> </u>		_ Street Addr	ress (P	2.O. Box Numb	er is Not Acceptable	θ)				
FORT LAUDERDALE, FL 33334						City					Zip Code	
		Cit					FL	Zip Codi	3			
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	gnature, typed o	r printed name of registered age	nt and title i	fapplicable. (NOT	E: Registere	ed Agent signature re	equired v	when reinstating)		DATE		
FILE After May	ign Final tribution.		\$5. 0 Adde	00 May Be ed to Fees								
10.		OFFICERS AN	D DIREC	CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE F)			☐ Delete	TITL	£					Change	☐ Addition
l I		IEUER, ALEXANDEI				ME Reet Address IY-ST-Zip						
		COMMERCIAL BLVI										
	-ORT LAU	DERDALE, FL 3333	54		-					 -		
TITLE NAME				☐ Delete	TITL						Change	☐ Addition
STREET ADDRESS						eet address						
CITY-ST-ZIP						r-ST-ZIP						
TITLE				☐ Delete	TITL	E			***************************************		Change	Addition
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NAME					NAN	-					mad -manye	
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP		···········				Y-ST-ZIP						
12. I hereby cei indicated of of the corpo	rtify that the n this repor- pration or th	information supplied w t or supplemental report e receiver of trustee s	ith this f	iling does not qualify for and accurate and that d to execute this repor	or the exe my signa	emption stated sture shall have	in Ser	ction 119.07(3) same legal effe	(i), Florida Statutes ot as if made under	I further cer oath; that I	tify that the id am an officer	nformation or director

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: