

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90055 025 ***150.00

DOCUMENT # P02000037894

1. Entity Name
BROWARD EXPRESS AUTO INSURANCE INC.



Principal Place of Business
**10657 W ATLANTIC BLVD
CORAL SPRINGS, FL 33028**

Mailing Address
**10653 W ATLANTIC BLVD
CORAL SPRINGS, FL 33028**

00009485

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005

Chg-P

CR2E034 (10/03)

4. FEI Number
04-3657695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALEM, ISABEL C
10653 W ATLANTIC BLVD
CORAL SPRING, FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
SALEM, ISABEL C
10653 W ATLANTIC BLVD
CORAL SPRING, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
Salem, Isabel C
10657. W. Atlantic Blvd.
Coral Springs, FL 33071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Please note that
place of business** Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**and mailing address
is the same.** Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10657. W. Atlantic Blvd.
Coral Springs, FL 33071** Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

954-755-9658

Daytime Phone #



ATTACHMENT
50009485
Division of Corporations

Annual Report

Payment Page

Document Tracking # - 600045101806

Document Number # - P02000037894

The charge amount for your filing is \$150.00

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

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ATTACHMENT

50009



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 25, 2005

BROWARD EXPRESS AUTO INSURANCE INC.
10657 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071-5669

SUBJECT: BROWARD EXPRESS AUTO INSURANCE INC.
Ref. Number P02000037894

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 205A00004899

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