

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90021 011 \*\*\*150.00

**DOCUMENT # P02000113215**

1. Entity Name  
**BROWARD PROPERTY SERVICES, INC.**



Principal Place of Business  
**1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE, FL 33308**



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0053559**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOYCE, GLORIA  
1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

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  
**D  
JOYCE, GLORIA  
1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BROWN, SUSAN  
1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Susan L. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SUSAN L. BROWN*

*7/7/04*  
Date

*954/709-1626*  
Daytime Phone #

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000113215

1. Entity Name

BROWARD PROPERTY SERVICES, INC.



Principal Place of Business

1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE FL 33308

Mailing Address

1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Attachment

54061440



MOORE

CR2E034 (11/03)

4. FEI Number

90-0053559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOYCE, GLORIA  
1919 NE 45TH ST., SUITE 117  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOYCE, GLORIA	
STREET ADDRESS	1919 NE 45TH ST., SUITE 117	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SUSAN	
STREET ADDRESS	1919 NE 45TH ST., SUITE 117	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-07 754 491 789

# Attachment

7/7/04

54 061440

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Broward Property Services Inc.

90-0053559 - Doc # P02000113215

Dear Madam or Sir,

While reconciling our checkbook it was discovered that our Check # 1113 that was issued on April 9, 2004 for \$150 for the payment of our annual report is still outstanding.

We talked to your Customer Service person (Ruby) and said nothing come back to ~~us~~ us. She said it must have gotten lost because you have not received it. Ruby said to send in another payment of \$150. She also said to send in a letter explaining everything so that the penalty charge would be waived.