

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000047985

1. Entity Name
BROWARD DEVELOPMENT ASSOCIATES, INC.



Principal Place of Business

731 SHOTGUN ROAD
SUNRISE, FL 33326

Mailing Address

731 SHOTGUN ROAD
SUNRISE, FL 33326

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0186489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI, FL 33155

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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 \$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

1100000271691
03/21/05-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOTO, JAIME R
STREET ADDRESS 7951 SW 40TH STREET, SUITE 206
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME SAYALERO, JUAQUIN
STREET ADDRESS 7951 SW 40TH STREET, SUITE 206
CITY-ST-ZIP MIAMI, FL 33155

TITLE S
NAME REY, MARIA E
STREET ADDRESS 7951 SW 40TH STREET, SUITE 206
CITY-ST-ZIP MIAMI, FL 33155

TITLE T
NAME DE LA CORTE, MARIE DEL C, T
STREET ADDRESS 7951 SW 40TH STREET, SUITE 206
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/05

Date

954-472-5956

Daytime Phone #