2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000047985

1. Entity Name

BROWARD DEVELOPMENT ASSOCIATES, INC.

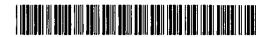


FILED
Jan 22, 2008 08:00 AM
Secretary of State

Principal Place of Business

783 SHOTGUN ROAD SUNRISE, FL 33326 Mailing Address

783 SHOTGUN ROAD SUNRISE, FL 33326



01142008

No Chg-P

CR2E034 (11/05)

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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SUITE 206 MIAMI, FL 33155				IN THIS SPACE					
	named entity submits this statement for the pions of registered agent.	iurpose of changing its registered	office or r	egistered agent, or bot	th, in the State of	Florida. I am far	niliar with, and ac	cept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered A	Agent signature	required when reinstating)		DATE		-	
	E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing .	\$5.00 May Be Added to Fees			, .**		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REY SOTO, JAIME 783 SHOTGUN RD SUNRISE, FL 33326	CTORS		;		, ,,,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/23/08-80022-025 150.						25 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT V	VRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS S	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

SIGNAFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08 954-385-0244