2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# P03000073987

Entity Name: WEST BROWARD UNITED, INC.

Current Principal Place of Business:

16700 SOUTH POST RD
104
WESTON, FL 33331

New Principal Place of Business:

15812 SW 48TH MANOR
MIRAMAR, FL 33027 US

Current Mailing Address:

16700 SOUTH POST RD
104
WESTON, FL 33331

New Mailing Address:

15812 SW 48TH MANOR
MIRAMAR, FL 33027 US

FEI Number: 20-0087039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POURRAIN, FABIAN A
16700 SOUTH POST RD
104
WESTON, FL 33331 US

Name and Address of New Registered Agent:

POURRAIN, FABIAN A
15812 SW 48TH MANOR
MIRAMAR, FL 33027 US

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.

SIGNATURE: FABIAN POURRAIN 05/02/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POURRAIN, FABIAN A
Address: 16700 SOUTH POST RD #104
City-St-Zip: WESTON, FL 33331 US

Title: D ( ) Delete
Name: CASTELLI, JORGE
Address: 16700 SOUTH POST RD #104
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POURRAIN, FABIAN A
Address: 16700 SOUTH POST RD #104
City-St-Zip: WESTON, FL 33331 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN POURRAIN P 05/02/2004
Electronic Signature of Signing Officer or Director Date