

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103439

Entity Name: BROWARD M&L INC.

FILED
May 26, 2006
Secretary of State

Current Principal Place of Business:

8320 W. SUNRISE BLVD.
SUITE 207
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

944 SAVANNAH FALLS DRIVE
WESTON, FL 33327 US

New Mailing Address:

8320 W. SUNRISE BLVD.
SUITE 207
PLANTATION, FL 33322 US

FEI Number: 20-1629934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, ANDREW
944 SAVANNAH FALLS DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

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: P () Delete
Name: LEVY, ANDREW
Address: 944 SAVANNAH FALLS DR.
City-St-Zip: WESTON, FL 33327 US

Title: VPD () Delete
Name: MAZAR, SHIMON
Address: 100 NW 107TH AVENUE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEVY, ANDREW
Address: 944 SAVANNAH FALLS DR.
City-St-Zip: WESTON, FL 33327 US

Title: VP (X) Change () Addition
Name: MAZAR, SHIMON
Address: 100 NW 107TH AVENUE
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHIMON MAZAR

VP

05/26/2006

Electronic Signature of Signing Officer or Director

Date