

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131919

FILED
May 03, 2004
Secretary of State

Entity Name: BRIAR PATCH GROUP HOME OF BROWARD, INC.

Current Principal Place of Business:

4861 SW 193RD LANE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5201 SW 195 TERRACE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 20-0387459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CORNELIA
5201 SW 195 TERRACE
SOUTHWEST RANCHES, FL 33332 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: ALDERMAN, CORNELIA
Address: 5201 SW 195 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VP () Delete
Name: KOSTZER, MARCELO A
Address: 5201 SW 195 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: ILIADIS, ANASTASIA
Address: 231 BRIXTON ROAD
City-St-Zip: GARDEN CITY, NY 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ILIADIS, ANASTASIA
Address: 231 BRIXTON ROAD
City-St-Zip: GARDEN CITY, NY 11530

Title: D (X) Change () Addition
Name: VAKALOPOULOS, VICKIE
Address: 10540 SW 154 CT #7
City-St-Zip: MIAMI, FL 33196

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: CORNELIA ALDERMAN

MS.

05/03/2004

Electronic Signature of Signing Officer or Director

Date