

APR 16, 2007 10:48A

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FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90192 042 ***158.75

DOCUMENT # P04000046067					
1. Entity Name BILDAN ENTERPRISES, INC.					
Principal Place of Business 9842 NW 53RD COURT CORAL SPRINGS, FL 33076			Mailing Address 9842 NW 53RD COURT CORAL SPRINGS, FL 33076		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fil Number 20-0861532	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent BROWNING, WILLIAM C JR 9842 NW 53RD COURT CORAL SPRINGS, FL 33076			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 <i>William C. Browning Jr.</i> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BROWNING, WILLIAM C JR		NAME	BROWNING, WILLIAM C JR	
STREET ADDRESS	9842 NW 53RD COURT		STREET ADDRESS	5919 NW 62 TER	
CITY- ST- ZIP	CORAL SPRINGS, FL 33076		CITY- ST- ZIP	PARKLAND, FL 33067	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing 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. 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: <i>William C. Browning Jr.</i>			4/16/07 (954) 494-5835		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Daytime Phone:		