

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 02, 2005 8:00 am
Secretary of State

04-20-2005 90332 029 ***158.75

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000078755			
1. Entity Name STRUCTURES OF BROWARD, INC.			
Principal Place of Business 4625 SW 32 DRIVE HOLLYWOOD FL 33023		Mailing Address 4625 SW 32 DRIVE HOLLYWOOD FL 33023	
2. Principal Place of Business 4625 SW 32 Drive		3. Mailing Address 4625 SW 32 Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33023	Country Broward	Zip 33023	Country Broward
6. Name and Address of Current Registered Agent SANCHEZ, ANA L 4625 SW 32 DRIVE HOLLYWOOD FL 33023		7. Name and Address of New Registered Agent Name ANA L Sanchez Street Address (P.O. Box Number is Not Acceptable) 4625 SW 32 Drive City Hollywood FL Zip Code 33023	
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>Ana L Sanchez</i> ANA L Sanchez / Director 4-12-05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing filing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ANA L 4625 SW 32 DRIVE HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LOPEZ, JULIA 4625 SW 32 DRIVE HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.			
SIGNATURE: <i>Ana L Sanchez</i> ANA L Sanchez / Director (4-12-05) 786-277-5577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			