




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90060 031 ***150.00

DOCUMENT # P05000077272			
1. Entity Name WEST BROWARD GYMNASTICS ACADEMY, INC.			
Principal Place of Business 9091 NW 13TH STREET PLANTATION, FL 33322		Mailing Address 9091 NW 13TH STREET PLANTATION, FL 33322	
2. Principal Place of Business - No P.O. Box # 1180 W. S. RD 84		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State DAVIE, FL		City & State	
Zip 33325	Country	Zip	Country
4. FEI Number 20-3094867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAN B. SCHNEIDER, P.A. 3230 STIRLING ROAD SUITE 1A HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name RICHARD BERARDI, E.A. Street Address (P.O. Box Number is Not Acceptable) 11366 STATE ROAD 84 City DAVIE FL Zip Code 33325	
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:  DATE: JAN. 17, 08			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$380.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D GUSLANDI, S. A 9091 NW 13TH STREET PLANTATION, FL 33322 ← PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUDY C. RUTSKY 9405 NW 72 ND COURT TAMARAC, FL 33321
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
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
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; 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 (be) empowered.			
SIGNATURE: 		DATE: JAN. 17, 08 954-401-4876	

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