

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000121589

Entity Name: BROWARD TAG AGENCY INC.

FILED  
Jul 20, 2009  
Secretary of State

## Current Principal Place of Business:

10653 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 US

## New Principal Place of Business:

## Current Mailing Address:

10653 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 US

## New Mailing Address:

FEI Number: 20-5579897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTANA, SILVIA G P  
8404 NW 103 STREET  
#1  
HIALEAH GARDENS, FL 33016 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTANA, SILVIA G  
Address: 10653 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: T ( ) Delete  
Name: FARIAS, SOMAY  
Address: 10653 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S ( ) Delete  
Name: CHESNEY, JOYCE  
Address: 10653 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: SANTANA, SILVIA G  
Address: 10653 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: P (X) Change ( ) Addition  
Name: FARIAS, SOMAY  
Address: 10653 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

I hereby certify that the information supplied with this filing does not qualify 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: S. SIMONS AS ATTORNEY-IN-FACT

P

07/20/2009

Electronic Signature of Signing Officer or Director

Date