

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 028 ***158.75

DOCUMENT # P07000010386 1. Entity Name BROADWAY SERVICES, INC			
Principal Place of Business 303 ALTAMONTE BAY CIR 207 ALTAMONTE SPRINGS, FL 32701		Mailing Address 303 ALTAMONTE BAY CIR 207 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business - No P.O. Box # 303 Altamonte Bay Club Cir Suite, Apt. #, etc. 207		3. Mailing Address 303 Altamonte Bay Club Circle Suite, Apt. #, etc. 207	
City & State Altamonte Springs FL Zip 32701		City & State Altamonte Springs FL Zip 32701	
Country USA		Country USA	
4. FEI Number 208311846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, AMERICA C 303 ALTAMONTE BAY CIR 207 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 303 Altamonte Bay Club Cir #207 City Altamonte Springs FL Zip Code 32701	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 P NAME SANCHEZ, AMERICA C STREET ADDRESS 303 ALTAMONTE BAY CIR CITY-ST- ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME CARROLL, SCOTT STREET ADDRESS 303 ALTAMONTE BAY CIR CITY-ST- ZIP ALTAMONTE SPRINGS, FL 32701	<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 like empowered.			
SIGNATURE:		1/16/08 407-662-2774 <small>Day Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			