

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077970

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAMILY SERVICES OF BROWARD, INC.

Current Principal Place of Business:

2900 NORTH 24TH AVE., #2205
HOLLYWOOD, FL 33020

New Principal Place of Business:

162 NW 92ND AVE
#103
PEMBROKE PINES, FL 33024

Current Mailing Address:

2900 NORTH 24TH AVE., #2205
HOLLYWOOD, FL 33020

New Mailing Address:

162 NW 92ND AVE
#103
PEMBROKE PINES, FL 33024

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERON, VERONICA
8520 N SHERMAN CIRCLE
B503
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

CALDERON, VERONICA
162 NW 92ND AVE
#103
PEMBROKE PINES, FL 33024 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALDERON, VERONICA
Address: 8520 N SHERMAN CIRCLE #B503
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALDERON, VERONICA
Address: 162 NW 92ND AVE #103
City-St-Zip: PEMBROKE PINES, FL 33024

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: VERONICA CALDERON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date