## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091951

Entity Name: BROWARD BUSINESS CONSULTANTS INC.

FILED Sep 05, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4400 N. FEDERAL HIGHWAY 4401 N. FEDERAL HIGHWAY

SUITE 210 SUITE 101

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

4400 N. FEDERAL HIGHWAY 4401 N. FEDERAL HIGHWAY

SUITE 210 SUITE 101

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAURIA, FABIO
4400 N. FEDERAL HIGHWAY
4401 N. FEDERAL

4400 N. FEDERAL HIGHWAY

SUITE 210

SUITE 101

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 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: FABIO LAURIA 09/05/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

itle: P, D ( ) Delete Title: P, D (X) Change( ) Addition

 Title:
 P, D
 ( ) Delete
 Title:
 P, D
 ( X) C

 Name:
 LAURIA, FABIO
 Name:
 LAURIA, FABIO

Address: 4400 N. FEDERAL HIGHWAY, SUITE 210 Address: 4401 N. FEDERAL HIGHWAY, SUITE 101

City-St-Zip: BOCA RATON, FL 33431 US City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: SANTA, ALISA Name: SANTA, ALISA

Address: 4400 N. FEDERAL HIGHWAY, SUITE 210 Address: 4401 N. FEDERAL HIGHWAY, SUITE 101

City-St-Zip: BOCA RATON, FL 33431 US City-St-Zip: BOCA RATON, FL 33431 US

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: FABIO LAURIA P 09/05/2008