

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042316

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** HEAVEN'S BEST OF BROWARD INC.

**Current Principal Place of Business:**

2144 NW 45TH AVE  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

2144 NW 45TH AVE  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

**FEI Number:** 27-0246756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, CHAD  
2144 NW 45TH AVE  
COCONUT CREEK, FL 33066 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  
**Name:** COHEN, ADAM  
**Address:** 6001 NW FLAIR CT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

**Title:** VP  
**Name:** COHEN, CHAD  
**Address:** 2144 NW 45TH AVE  
**City-St-Zip:** COCONUT CREEK, FL 33066 US

**Title:** SECT  
**Name:** COHEN, JULIA  
**Address:** 2144 NW 45TH AVE  
**City-St-Zip:** COCONUT CREEK, FL 33066 US

**Title:** TREA  
**Name:** COHEN, HEATHER  
**Address:** 6001 NW FLAIR CT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

I hereby 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 all other like empowered.

**SIGNATURE:** CHAD COHEN

VP

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date