

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061887

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NORTH BROWARD TECHNICAL CENTER, INC.

**Current Principal Place of Business:**

4155 KEY LIME BLVD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

1871 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

4155 KEY LIME BLVD  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 80-0445256      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HERARD LAFRANCE  
4155 KEY LIME BOULEVARD  
BOYNTON BEACH, FL 33436      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: HERARD LAFRANCE  
Address: 4155 KEY LIME BOULEVARD  
City-St-Zip: BOYNTON BEACH, FL 33436

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: HERARD LAFRANCE

DIR

04/30/2012

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

\_\_\_\_\_  
Date