

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000078677

FILED  
Feb 20, 2012  
Secretary of State

Entity Name: WEST BROWARD UNIVERSITY INC

**Current Principal Place of Business:**

2625 WESTON RD  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2625 WESTON RD  
WESTON, FL 33331

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KABA CONSULTING INC  
1635 E HWY 50  
103  
CLERMONT, FL 34711 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: MGR  
Name: POSADA, GERMAN  
Address: 11428 NW 33RD ST  
City-St-Zip: WESTON, FL 33323

Title: MGR  
Name: PINZON, MAGDALENA  
Address: 2647 CENTER COURT DR  
City-St-Zip: WESTON, FL 33332

Title: D  
Name: ALMONACID, JOHN  
Address: 1266 MEADOWS BLVD  
City-St-Zip: WESTON, FL 33327

Title: MGR  
Name: ALMONACID, MARIA  
Address: 4103 SAPPHIRE TERRACE  
City-St-Zip: WESTON, FL 33331

Title: MGR  
Name: LEAL, MARIA P  
Address: CALLE 106 #15-03 APT 501  
City-St-Zip: BOGOTA, COLOMBIA, OC 00000

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: JOHN ALMONACID

D

02/20/2012

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

\_\_\_\_\_  
Date