## 2008 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Jan 31, 2008 08:00 AN DOCUMENT # P93000005876 **Secretary of State** PROPERTY MANAGEMENT OF BROWARD COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 7415 515 NW 13TH ST FT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33338 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0382590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTA T. COOPER DO NOT WRITE 515 NE 13TH STREET FT. LAUDERDALE, FL 33304 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE COOPER, RUTA NAME STREET ADDRESS 515 NE 13TH ST CITY-ST-ZIP FT LAUDERDALE, FL 33304 U00000809386 TITLE 02/08/08-80020-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY+ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP