

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035313

1. Entity Name
SHELLS OF BROWARD, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 PM 3:01

Principal Place of Business
2019 N UNIVERSITY DR
SUNRISE, FL 33322 US

Mailing Address
16313 N. DALE MABRY HWY.
SUITE 100
TAMPA, FL 33618



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3200180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, WARREN
16313 NORTH DALE MABRY HWY, STE 100
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

CHRISTON, LESLIE
16313 N. DALE MABRY HWY., SUITE 100
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

CEO
BERNSTEIN, MARC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

NELSON, WARREN R.
16313 N. DALE MABRY HWY, #100
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

P, CFO
800125761068
04/25/08--01002--018 **2100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

VP
KATMAN, GUY
16313 N. DALE MABRY HWY., SUITE 100
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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B. 5/07/08

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren R. Nelson 5-5-08 813-961-0944

Date

Daytime Phone #