## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000073926

City-St-Zip:

**DAVIE, FL 33317** 

FILED Jul 08, 2005 Secretary of State

Entity Name: SOUTH BROWARD, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 22-4057 HOLLYWOOD, FL 33022 **Current Mailing Address: New Mailing Address:** P.O. BOX 22-4057 5051 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33022 **DAVIE, FL 33314** FEI Number: 65-0559173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIEGEL, ALLEN D SANCHEZ, THOMAS 2011 SW 70 AVE. #812 5051 SOUTH STATE ROAD 7 **DAVIE, FL 33317** DAVIE, FL 33314 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: THOMAS SANCHEZ 07/08/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SANCHEZ, TOM Name: Name: 2011 SW 70 AVE. #812 Address: Address: City-St-Zip: **DAVIE, FL 33317** City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: BEIN, LYLE Name: 2011 SW 70 AVE. #812 Address: Address: **DAVIE, FL 33317** City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition NEVINS, JOHN Name: Name: 2011 SW 70 AVE. #812 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS SANCHEZ PRES 07/08/2005