2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000084682

1. Entity Name
ERA BROKER COUNCIL OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1812 N.W. 36 COURT OAKLAND PARK, FL 33309 US	1812 N.W. 36 COURT OAKLAND PARK, FL 33309 US

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0545337	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

CARLSON, JUDITH C. C
1812 N.W. 36 COURT
OAKLAND PARK, FL 33309

DO NOT WRITE 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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. **$5.00** May Be ☐ Added to Fees

00000000060759
02/23/04-80053-002 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	ACECEDO, JESSE	
STREET ADDRESS	8100 WEST SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: _____   3/17/04   954-473-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #