

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000053368

1. Entity Name
BROWARD BARRON, INC.



Principal Place of Business
**2900 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**2900 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0609983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAHAEL, GEORGE
2900 UNIVERSITY DR
CORAL SPRINGS, FL 33065**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LADD, CHARLES B
STREET ADDRESS	2900 UNIVERSITY DR., #26
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	P
NAME	RAHAEL, GEORGE
STREET ADDRESS	2900 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VS
NAME	RAHAEL, PAULINE
STREET ADDRESS	2900 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	V
NAME	RAHAEL, GISELE
STREET ADDRESS	2900 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

George Rahael, President

4/15/07

954-753-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #