

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90242 026 ***150.00

20044225



DOCUMENT # P96000024905 1. Entity Name WEST BROWARD RECREATIONAL CENTER, INC.																											
Principal Place of Business 2565 SANDS WAY COOPER CITY, FL 33326		Mailing Address C/O EDWARD J SILER, CPA PA 2419 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020																									
2. Principal Place of Business 3650 N. 36th AVENUE Suite, Apt. #, etc. #32		3. Mailing Address 3650 N 36th AVENUE Suite, Apt. #, etc. #32																									
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL																									
Zip 33021		Zip 33021																									
Country US		Country US																									
4. FEI Number 65-0655037		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SILER, SUSAN 2565 SANDS WAY COOPER CITY, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3650 N 36th AVENUE #32 City HOLLYWOOD FL Zip Code 33021																									
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 PRESIDENT SUSAN SILER 4/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 an address, with all other like empowered.																											
SIGNATURE: PRES SUSAN SILER 4/19/05 (954)		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____																									