

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM  
Secretary of State

DOCUMENT # P96000073392

1. Entity Name  
N.F.A. OF BROWARD, INC.



Principal Place of Business  
2356 N.W. 111TH AVENUE  
SUNRISE, FL 33322

Mailing Address  
2356 N.W. 111TH AVENUE  
SUNRISE, FL 33322



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0701521  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ADAMS, NANCY  
2356 NW 111TH AVE  
SUNRISE, FL 33322

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, 2008 Fee will be \$550.00

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

U00000915711  
05/09/08-80025-025 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAMS, NANCY F  
2356 N.W. 111TH AVENUE  
SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAMS, WILLIAM L  
2356 N.W. 111TH AVENUE  
SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W Adams President 4-21-08 954 301-9092