


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90034 015 \*\*\*150.00

<b>DOCUMENT # P97000023579</b>	
1. Entity Name <b>BROWARD BUSINESS PROPERTY MANAGEMENT, INC.</b>	

Principal Place of Business <b>3121 W.HALLANDALE BCH BLVD SUITE 102 PEMBROKE PARK, FL 33009-5149</b>	Mailing Address <b>3121 W.HALLANDALE BCH BLVD SUITE 101 PEMBROKE PARK, FL 33009-5149 US</b>
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**54015436**



2. Principal Place of Business <b>3001 W Hallandale Bch Blvd Suite, Apt. #, etc. Suite 300</b>	3. Mailing Address <b>3001 W Hallandale Bch Blvd Suite, Apt. #, etc. Suite 300</b>
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01082004 Chg-P CR2E034 (10/03)

City & State <b>Pembroke Park, FL</b>	City & State <b>Pembroke Park, FL</b>
Zip <b>33009</b>	Country <b>USA</b>

4. FEI Number <b>65-0740114</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERKOWITZ, MITCHELL P.A. 2601 N. OCEAN AVENUE SUITE F SINGER ISLAND, FL 33404</b>	
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7. Name and Address of New Registered Agent Name <b>Sam Jazayri</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 W Hallandale Bch Blvd</b> <b>Suite 300</b> City <b>Pembroke Park</b> <b>FL</b> Zip Code <b>33009</b>	
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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 	DATE <b>2/11/04</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>JAZAYRI, SAM 3121 W. HALLANDALE BCH BLVD., SUITE 102 PEMBROKE PARK, FL 330095149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3001 W Hallandale Bch Blvd Ste 300 Pembroke Park, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>Sam Jazayri</b>	<b>2/11/04</b>	<b>954-981-1154</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #