2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State 05-04-2005 90145 044 ***150.00 **DOCUMENT # P99000074102** 1. Entity Name BROWARD MACHINE, INC. MUUUI AUI Principal Place of Business Mailing Address 1000 N 74TH TERR 1000 N 74TH TERR HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0941851 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENNARO, JOSEPH T Street Address (P.O. Box Number is Not Acceptable) 2110 LINCOLN STREET #4 HOLLYWOOD, FL 33020 Zip Code City FL 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of regultered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITLE Change 7330 Hayes Streed. VENNARO, JOSEPH T NAME NAME 1000 N 74TH TERR STREET ADDRESS STREET ADDRESS Hollywood, FL 33024 CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition 7330 Hayes Street VENNARO, DEANNA NAME NAME STREET ADDRESS 1000 N 74TH TERR STREET ADDRESS Hollywood F1 33024 CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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

SIGNATURE:

ennavo eanna

FILED

Daytime Phone #