

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90107 036 \*\*\*150.00

**DOCUMENT # P99000093041**

1. Entity Name  
**BROWARD LAKES BUSINESS VENTURES, INC.**



Principal Place of Business  
**1820 N CORPORATE LAKES  
304  
WESTON, FL 33326**

Mailing Address  
**1820 N CORPORATE LAKES  
304  
WESTON, FL 33326**



2. Principal Place of Business  
**1003 SHOTGUN ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1003 SHOTGUN ROAD**  
Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

4. FEI Number  
**36-4344097**

Applied For  
Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**RESTREPO, FERNAN  
1820 N CORPORATE LAKES  
304  
WESTON, FL 33326**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RESTREPO, FERNAN**  
STREET ADDRESS **1820 N CORPORATE LAKES, #304**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **RESTREPO, FERNAN**  
STREET ADDRESS **1003 SHOTGUN ROAD**  
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE **VP** ☐ Change ☒ Addition  
NAME **SALAZAR, JOHN**  
STREET ADDRESS **1003 SHOTGUN ROAD**  
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 #