

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90095 002 \*\*\*150.00

DOCUMENT # V20893

1. Entity Name

BROWARD SECURITIES GROUP, INC.



Principal Place of Business

7301 NW 4TH ST  
104  
PLANTATION FL 33317  
US

Mailing Address

% STANLEY B. KLEIN  
8079 SW 18TH PL  
DAVIE FL 33324



2. Principal Place of Business - No P.O. Box #

2950 Myrtle Oak Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DAVIE FL

City & State

Zip

33328

Country

Broward

Zip

Country

4. FEI Number

65-0315592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, STANLEY B.  
8079 SW 18TH PL  
DAVIE FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, STANLEY B.	
STREET ADDRESS	8079 SW 18TH PL	
CITY- ST- ZIP	DAVIE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	KOLSTAD, ANTHONY M.	
STREET ADDRESS	2950 MYRTLE OAK CIR	
CITY- ST- ZIP	DAVIE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Stanley B. Klein - STANLEY B KLEIN

4/14/07

954 475-2031