


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 016 ***158.75

DOCUMENT # 698781			
1. Entity Name BRACERAS AND COMPANY			
Principal Place of Business 590 W. 20TH STREET HIALEAH, FL 33010 US		Mailing Address 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 760 Ponce De Leon Blvd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, Fl		City & State	
Zip 33134	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BRACERAS, WILFRED 590 W. 20TH STREET MIAMI, FL 33010		7. Name and Address of New Registered Agent Name Braceras, Wilfred Street Address (P.O. Box Number is Not Acceptable) 760 Ponce De Leon Blvd. City Coral Gables FL Zip Code 33134	
4. FEI Number 59-2158824 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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: _____		Wilfred Braceras, Pres & CEO 04/11/08	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Braceras, Wilfred 760 Ponce De Leon Blvd. Coral Gables, Fl 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: <i>Wilfred Braceras</i> Wilfred Braceras, Pres & CEO		04/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

