


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 011 ***150.00

DOCUMENT # F04000002708					
1. Entity Name BRAVO CREDIT CORPORATION					
Principal Place of Business 1833 ALTON PARKWAY, SUITE 200 IRVINE, CA 92606			Mailing Address 1833 ALTON PARKWAY, SUITE 200 IRVINE, CA 92606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4279326	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			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. <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	CEOD HOLDER, STEVEN 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS DAURIO, JON 1833 ALTON PARKWAY IRVINE, CA 92606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASGHAR, SHAHID 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD KONTOULIS, JOHN 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SZPYTEK, STEVE 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAZIL, JAMES 1833 ALTON PARKWAY IRVINE, CA 92606 <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 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: <i>Alanna Darling</i>		Alanna Darling		1/12/05 (949) 856-4848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

BRAVO CREDIT CORPORATION
2005 PROFIT CORPORATION ANNUAL REPORT
FLORIDA


50002404
F04000002708

11. ADDITIONS TO OFFICERS

TITLE	EVP/CFO	<input checked="" type="checkbox"/> Addition
NAME	Roque A. Santi	
STREET ADDRESS	1833 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92606	
TITLE	Secretary	<input checked="" type="checkbox"/> Addition
NAME	Alanna Darling	
STREET ADDRESS	1833 Alton Parkway	
CITY-ST-ZIP	Irvine, CA 92606	

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City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 13-4279326	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P CR2E034 (10/03)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		\$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD HOLDER, STEVEN 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/Chairman
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPS DAURIO, JON 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASGHAR, SHAHID 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD KONTOULIS, JOHN 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD SZPYTEK, STEVE 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAZIL, JAMES 1833 ALTON PARKWAY IRVINE, CA 92606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director
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SIGNATURE: <i>Alanna Darling</i>		Alanna Darling 1/12/05 (949) 856-4848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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