2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008
Secretary of State

DOCUMENT# P02000017054

Entity Name: CORALIA BRAVERMAN, P.A.

Current Principal Place of Business:

721 CRANDON BOULEVARD
PH-8
KEY BISCAYNE, FL 33149

New Principal Place of Business:

3590 CORAL WAY
#802
MIAMI, FL 33145

Current Mailing Address:

721 CRANDON BOULEVARD
PH-8
KEY BISCAYNE, FL 33149

New Mailing Address:

3590 CORAL WAY
#802
MIAMI, FL 33145

FEI Number: 80-0060598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAVERMAN, CORALIA
721 CRANDON BOULEVARD
PH-8
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

BRAVERMAN, CORALIA
3590 CORAL WAY
802
MIAMI, FL 33145 US

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.

SIGNATURE: CORALIA BRAVERMAN 06/03/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P.A ( ) Delete
Name: BRAVERMAN, CORALIA
Address: 721 CRANDON BLVD PH-8
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: P.A (X) Delete
Name: BRAVERMAN, CORALIA
Address: 721 CRANDON BLVD PH-8
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRAVERMAN, CORALIA
Address: 3590 CORAL WAY # 802
City-St-Zip: MIAMI, FL 33145 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORALIA BRAVERMAN P 06/03/2008
Electronic Signature of Signing Officer or Director Date