


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90083 031 ***150.00

DOCUMENT # P05000031947

1. Entity Name
HACIENDA LOS BRAVOS, INC.



Principal Place of Business
**15850 S HIGHWAY 475
 SUMMERFIELD, FL 34491 US**

Mailing Address
**15850 S HIGHWAY 475
 SUMMERFIELD, FL 34491 US**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2405747

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAVO, BENJAMIN
 15850 S HIGHWAY 475
 SUMMERFIELD, FL 34491**

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: Benjamin Bravo
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 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAVO, BENJAMIN		NAME		
STREET ADDRESS	15850 S HIGHWAY 475		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	S, T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, ADA I		NAME		
STREET ADDRESS	15850 S HIGHWAY 475		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAVO, HERIBERTO L		NAME		
STREET ADDRESS	15850 S HIGHWAY 475		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Benjamin Bravo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____