

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005267

FILED
Apr 27, 2005
Secretary of State

Entity Name: BRAVO ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

3600 SOUTH STATE RD 7
SUITE 220
MIRAMAR, FL 33023

New Principal Place of Business:

650 NW 180TH TERRACE
SUITE 103
PEMBROKE PINES, FL 33029

Current Mailing Address:

3600 SOUTH STATE RD 7
SUITE 220
MIRAMAR, FL 33023

New Mailing Address:

18459 PINES BLVD
248
PEMBROKE PINES, FL 33029

FEI Number: 65-0719277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAVO, ADA F
3600 SOUTH STATE ROAD 7
SUITE 220
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

BRAVO, ADA F
18459 PINES BLVD
265
PEMBROKE PINES, FL 33029 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: ADA F BRAVO

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: BRAVO, ADA F
Address: 3600 SOUTH STATE RD 7, SUITE 220
City-St-Zip: MIRAMAR, FL 33023

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: BRAVO, ADA F
Address: 18459 PINES BLVD # 265
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Change (X) Addition
Name: BRAVO, ADRIAN E
Address: 18459 PINES BLVD # 265
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADA F BRAVO

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date