#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005267

Entity Name: BRAVO ACCOUNTING SERVICES, INC.

# **Current Principal Place of Business:**

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

# **Current Mailing Address:**

18459 PINES BLVD # 248 PEMBROKE PINES, FL 33029

### FEI Number: 65-0719277

### Name and Address of Current 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:

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Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	D	
Name	BRAVO, ADA F	Name	BRAVO, ADRIAN E	
Address	18459 PINES BLVD # 265	Address	18459 PINES BLVD # 265	
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029	
Title	D	Title	т	
Name	BRAVO, AARON E	Name	BRAVO, DEMETRIO E	
Address	18459 PINES BLVD # 265	Address	19240 NW 60TH CT	
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	MIAMI FL 33015	
Title	SECRETARY, VP			
The	SECRETART, VF			
Name	ZAMORA, MARINA			
Address	18832 NW 48 AVE			
City-State-Zip:	MIAMI GARDENS FL 33055			

I hereby 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 all other like empowered.

PRESIDENT

# SIGNATURE: ADA F BRAVO

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 26, 2015 Secretary of State CC6654738336

Certificate of Status Desired: No

Date

Date