

2013 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**Certificate of Status Desired:** No**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PDST
Name BRAVO, ADA F
Address 18459 PINES BLVD # 265
City-State-Zip: PEMBROKE PINES FL 33029Title D
Name BRAVO, AARON E
Address 18459 PINES BLVD # 265
City-State-Zip: PEMBROKE PINES FL 33029Title T
Name BRAVO, DEMETRIO E
Address 19240 NW 60TH CT
City-State-Zip: MIAMI FL 33015Title D
Name BRAVO, ADRIAN E
Address 18459 PINES BLVD # 265
City-State-Zip: PEMBROKE PINES FL 33029Title D
Name BRAVO, CHRISTINA P
Address 18459 PINES BLVD PMB 265
City-State-Zip: PEMBROKE PINES FL 33029Title S
Name ARANDA, SERGIO M
Address 18459 PINES BLVD PMB 265
City-State-Zip: PEMBROKE PINES FL 33029

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.

SIGNATURE: ADA F BRAVO**PRESIDENT****04/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date