

**2014 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            PRESIDENT, DIRECTOR  
Name            BRAVO, ADA F  
Address        18459 PINES BLVD # 265  
City-State-Zip: PEMBROKE PINES FL 33029

Title            D  
Name            BRAVO, ADRIAN E  
Address        18459 PINES BLVD # 265  
City-State-Zip: PEMBROKE PINES FL 33029

Title            D  
Name            BRAVO, AARON E  
Address        18459 PINES BLVD # 265  
City-State-Zip: PEMBROKE PINES FL 33029

Title            T  
Name            BRAVO, DEMETRIO E  
Address        19240 NW 60TH CT  
City-State-Zip: MIAMI FL 33015

Title            SECRETARY  
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.*

**SIGNATURE:** ADA F BRAVO

**PRESIDENT**

**02/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date