
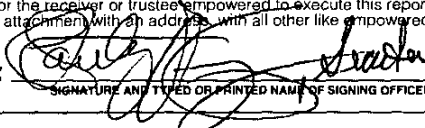


FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90007 048 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 480688			
1. Entity Name BRAMAN CADILLAC, INC.			
Principal Place of Business 2060 BISCAYNE BLVD MIAMI, FL 33137 <i>Exchange</i>		Mailing Address 2060 BISCAYNE BLVD 2ND FL MIAMI, FL 33137-024 US	
2. Principal Place of Business 2020 Biscayne Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33137		Country U.S.A.	
4. FEI Number 59-1611594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRIEGER, STANLEY J. 2060 BISCAYNE BLVD 2ND FL MIAMI, FL 33137		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAMAN, NORMAN 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIBOWITZ, EDWARD R 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIEGER, STANLEY J. 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, IRMA 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, ROBERT 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRANDES, MARC E 2060 BISCAYNE BLVD, 2ND FL MIAMI, FL 331375024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		STANLEY J. KRIEGER 5/10/04 305-576-1899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	