2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 Al Secretary of State

ANNUAL REPORT				
DOCUMENT # 1. Entity Name BRAVADOS ENTER				
Principal Place of Business 104 HILL CREST DR LONGWOOD, FL 32779	US	Mailing Address 104 HILL CREST DR LONGWOOD, FL 32779	US	

CR2E034 (11/05) 01162008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1978414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES, J. RAYMOND DO NOT WRITE 104 HILL CREST DRIVE LONGWOOD, FL 32779 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000888115 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 04/21/08-80047-012 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME VALDES, J. RAYMOND 104 HILL CREST DR. STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP TITLE NAME VALDES, DENISA 104 HILL CREST DR. STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08

407-665-1000

Daytime Phone #