


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90074 030 ***150.00

DOCUMENT # F0200000712

1. Entity Name
RAUL V. BRAVO & ASSOCIATES, INC.



Principal Place of Business Mailing Address

~~11343 SUNSET HILLS ROAD~~ ~~11343 SUNSET HILLS ROAD~~
~~RESTON, VA 20190~~ ~~RESTON, VA 20190~~

1889 Preston White Drive, Suite 202, Reston, VA 20191

50008721

2. Principal Place of Business 3. Mailing Address

1889 PRESTON WHITE DRIVE *1889 PRESTON WHITE DRIVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.


202 *202*

City & State City & State

RESTON *VA*

Zip Country Zip Country

20191 *USA* *20191* *USA*



01202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

31-1692884 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAVO, RAMON
13516 SOUTHWEST 9TH LANE
MIAMI, FL 33184

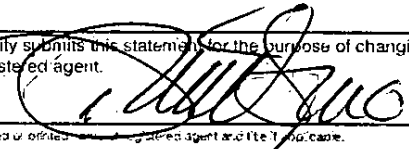
7. Name and Address of New Registered Agent

Name *N/A*

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  DATE *1-26-05*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD BRAVO, RAUL V 11343 SUNSET HILLS DRIVE RESTON, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BRAVO, RAUL V.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1889 PRESTON WHITE DR, #202</i> <i>RESTON, VA 20191</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRAVO, CLAUDIO R 11343 SUNSET HILLS DRIVE RESTON, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CLAUDIO R. BRAVO</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1889 PRESTON WHITE DR. #202</i> <i>RESTON, VA 20191</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	----- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	----- <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	----- <input 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: