


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 011 ***150.00

DOCUMENT # F04000002708 1. Entity Name BRAVO CREDIT CORPORATION					
Principal Place of Business 1833 ALTON PARKWAY, SUITE 200 IRVINE, CA 92606			Mailing Address 1833 ALTON PARKWAY, SUITE 200 IRVINE, CA 92606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4279326	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEOD HOLDER, STEVEN 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS DAURIO, JON 1833 ALTON PARKWAY IRVINE, CA 92606 <input checked="" 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	PD ASGHAR, SHAHID 1833 ALTON PARKWAY IRVINE, CA 92606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD KONTOULIS, JOHN 1833 ALTON PARKWAY IRVINE, CA 92606 <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	EVPD SZPYTEK, STEVE 1833 ALTON PARKWAY IRVINE, CA 92606 <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 BRAZIL, JAMES 1833 ALTON PARKWAY IRVINE, CA 92606 <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: <i>Alanna Darling</i>			Alanna Darling 1/12/05 (949) 856-4848		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

BRAVO CREDIT CORPORATION

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FLORIDA


50002404
F040000002708

11. ADDITIONS TO OFFICERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO Roque A. Santi 1833 Alton Parkway Irvine, CA 92606	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alanna Darling 1833 Alton Parkway Irvine, CA 92606	<input checked="" type="checkbox"/> Addition

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Zip		Country		4. FEI Number 13-4279326	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HOLDER, STEVEN 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/Chairman	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPS DAURIO, JON 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASGHAR, SHAHID 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD KONTOULIS, JOHN 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD SZPYTEK, STEVE 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAZIL, JAMES 1833 ALTON PARKWAY IRVINE, CA 92606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Co-CEO/President/Director	
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SIGNATURE: <i>Alanna Darling</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Alanna Darling 1/12/05 (949) 856-4348 <small>Date Daytime Phone</small>		

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