


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 012 \*\*\*150.00

<b>DOCUMENT # G64184</b>	
1. Entity Name <b>BRAVO MEN'S FASHIONS, INC.</b>	

Principal Place of Business <b>328 NO PALM CANYON DRIVE PALM SPRINGS FL 92262 US</b>	Mailing Address <b>328 NO PALM CANYON DRIVE PALM SPRINGS CA 92262 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>170-B Commercial St.</b> City & State <b>Provincetown MA</b> Zip <b>019657</b> Country <b>USA</b>	3. Mailing Address Suite, Apt. #, etc. <b>170-B Commercial St.</b> City & State <b>Provincetown MA</b> Zip <b>019657</b> Country <b>USA</b>
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>GIFFORD, BARTON P C/O GIFFORD &amp; ASSOCIATES 2136 GULF GATE DRIVE STE ONE SARASOTA FL 34231-4807</b>	
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4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <i>Louis J. Cassinelli</i> Signature, typed or printed name of registered agent and title if applicable	DATE <b>3-5-05</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!!! FEE IS \$150.00.</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASSINELLI, LOUIS J 5745 CASA DEL SOL BLVD SARASOTA FL 34233</b> <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	<b>P CASSINELLI, LOUIS R 5745 CASA DEL SOL BLVD SARASOTA FL 34233</b> <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	<b>V. CASSINELLI, MARY T 5745 CASA DEL SOL BLVD SARASOTA FL 34233</b> <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	<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	<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	<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>Louis J. Cassinelli</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3-9-05</b> 508-487-4700 Daytime Phone #