

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-29, 2004 08:00 AM
Secretary of State

DOCUMENT # G97696

1. Entity Name
BREVARD VENTURES, INC.



Principal Place of Business
**9008 MARLIN ST
CAPE CANAVERAL, FL 32820 US**

Mailing Address
**P O BOX 346
CAPE CANAVERAL, FL 32920 US**



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2384468

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**RONCALLO, GUIDO
9008 MARLIN ST
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE
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 the (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RONCALLO, GUIDO
STREET ADDRESS	9008 MARLIN ST
CITY- ST- ZIP	CAPE CANAVERAL, FL
TITLE	SD
NAME	RONCALLO, ALICIA
STREET ADDRESS	495 N. TROPICAL TRL
CITY- ST- ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	FRAMKE, ARTHUR
STREET ADDRESS	700 N. HIATUS RD STE., #103
CITY- ST- ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11000000058812
03/29/04-80056-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Guido Roncallo* **GUIDO RONCALLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 321-783-5036

DATE

Daytime Phone #