

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-02-2005 90154 026 ****55.00

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1. Entity Name
BRAIN RESEARCH ADVOCATES INFORMATION NETWORK (B.R.A.I.N.), LLC

Principal Place of Business
 2303 89TH ST. NW
 BRADENTON FL 34209

Mailing Address
 2303 89TH ST. NW
 BRADENTON FL 34209

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State



1st MOORE CR2E083 (10/04)

Zip Country Zip Country

4. FEI Number ~~000000000~~ ~~000000000~~ Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOROSO, SALVATORE JR.
 2303 89TH ST. NW
 BRADENTON FL 34209

Name
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMOROSO, SALVATORE JR. 2303 89TH ST. NW BRADENTON FL 34209	<input type="checkbox"/> Delete
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Salvatore Amoroso Jr. 1/28/05 941-792-6973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #