2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037360 1. Entity Name

7300

SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Place of Business

BRAVGAR LLC

Mailing Address

1228 WEST AVE SUITE 904 1228 WEST AVE

SUITE 904 SUITE 904 MIAMI BEACH, FL 33139 MIAMI BEACH

MIAMI BEACH, FL 33139



_04172006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	20-1165667

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BAUZA, ILEANA M 1228 WEST AVE SUITE904 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I a	m familiar with, and accept
SI	GNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2006

1			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	BAUZA, ILEANA M		
STREET ADDRESS	1228 WEST AVE SUITE # 904		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	MGRM		
NAME	GARCIA, IRAMY M		
STREET ADDRESS.	-1605 BAY.RD .SUITE # 503		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE			
NAME			
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

04/04/05-90432-006-\$50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.18.06

305. 299. alb3

Dale

Daytime Phone #