


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M78737 1. Entity Name BRASWOOD CORP.	
--	---

Principal Place of Business 2121 SW 3RD AVENUE 8TH FLOOR MIAMI, FL 33129	Mailing Address 2121 SW 3RD AVENUE 8TH FLOOR MIAMI, FL 33129
---	---



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0060759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent TRANSAL CORPORATION 2121 SW 3RD AVENUE 8TH FLOOR MIAMI, FL 33129
--

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 title if applicable (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	U000000333239 04/26/05-80090-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POMA EDUARDO 2121 SW 3RD AVENUE., 8TH FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PITA, RODOLFO E. 2121 SW 3RD AVENUE., 8TH FLOOR MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMA, ERNESTO 2121 SW 3RD AVE., 8TH FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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:  **Rodolfo Pita** **4/19/05** **(305) 285-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #