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May 22, 2001 8:00 am
Secretary of State

05-22-2001 90034 039 ***150.00

CORPORATION
ANNUAL REPORT

2001
DOCUMENT # *P00000008813*
1. Corporation Name *BRAGG ENTERPRISES INC*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

00056212

Principal Place of Business Mailing Address
*102 NORTHEAST 2ND STREET #114
BOCA RATON, FLORIDA 33432*

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

3. Date Incorporated or Qualified *JANUARY 26, 2000* 3a. Date of Last Report
4. FEI Number *65-1023318* Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
*COMPANY AGENT INC
80 SW 8TH STREET #2100
MIAMI, FL 33130*

10. Name and Address of New Registered Agent
81. Name *ANICIA L. BRAGG*
82. Street Address (P.O. Box Number is Not Acceptable)
83. *102 NE 2ND STREET #114*
84. City *BOCA RATON* FL 85. Zip Code *33432*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Anicia L. Bragg* DATE *4-26-01*
(NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	<i>DIRECTOR</i>	☒ DELETE
NAME	<i>BUSCAGLIA THOMAS H</i>	
STREET ADDRESS	<i>80 SW 8TH STREET #2100</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33130</i>	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>DIRECTOR/PRESIDENT</i> ☐ Change ☒ Addition
2.2 NAME	<i>ANICIA L. BRAGG</i>
2.3 STREET ADDRESS	<i>102 NE 2ND STREET #114</i>
2.4 CITY-ST-ZIP	<i>BOCA RATON, FL 33432</i>
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anicia L. Bragg* *ANICIA L. BRAGG, PRESIDENT* *4/26/01*

CR2E037 (9/96)