

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000048072**

1. Entity Name  
**BRAVO ZULU CORPORATION**



Principal Place of Business <b>15833 S.W. 150TH TERRACE          MIAMI, FL 33196</b>	Mailing Address <b>15833 S.W. 150TH TERRACE          MIAMI, FL 33196</b>
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**DO NOT WRITE IN THIS SPACE**



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0520475</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CUSSIANOVICH, VIERA  
 15833 S.W. 150TH TERRACE  
 MIAMI, FL 33196**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000568231  
 07/06/06 DATE 013 158.75

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSSIANOVICH, VIERA 15833 S.W. 150TH TERRACE MIAMI, FL 33196
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 exemptions contained in Chapter 119, 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:** *Viera Cussianovich* 7/1/06 (305) 259-8632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #