


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000014840**

1. Entity Name  
**BRAVA DESIGN II, INC.**



Principal Place of Business      Mailing Address

147 SEGOVIA WAY      147 SEGOVIA WAY  
 JUPITER, FL 33458      JUPITER, FL 33458

**DO NOT WRITE IN THIS SPACE**



01172004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1085885**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VASSALOTTI, NICHOLAS S**  
**8361 SE DOUBLE TREE DR.**  
**PALM BCH GARDENS, FL 33410**

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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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEBILT, PEGGY M
STREET ADDRESS	3316 PINE HILL TR
CITY - ST - ZIP	PALM BCH GARDENS, FL 33410
TITLE	D
NAME	DEBILT, JOHANNES A
STREET ADDRESS	3316 PINE HILL TR
CITY - ST - ZIP	PALM BCH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/08/04-80030-013 150.00

**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)(i), 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: *Peggy Murgueta DeBilt*      Date: 4/5/04      Daytime Phone #: 561-634-8880