


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 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**



01152005    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, 2005 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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 01/21/05-80054-020 150.00

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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: Jerry Morfago De Bile      Date: 1/15/2005      Daytime Phone #: (561) 244-8880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR