2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000014840 **DOCUMENT #** 1. Entity Name BRAVA DESIGN II, INC. Principal Place of Business Mailing Address 10625 N. MILITATY TRAIL. SUITE 205 -10625 N. MILITATY TRAIL. SUITE 205

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90365 008 ***150.00

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2. Principal P	Place of Business	3. Mailing Address	1150		i 1801		1 <u>11311 0011 00111 0</u> 9	III BUIDI IIDII BI		1811 BB11 FB81	
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	Beach gardens, th	Palm Beach 9		٧	,	- 00	1000000		Not	Applicable	
3341	O Country US	33410	410 Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
and the second s				Name							
VASSALOTTI, NICHOLAS S			Street Address (P.O. Box Number is Not Acceptable)								
8361 SE DOUBLE TREE DR.			Sitest Address (F.O. Dox (volition is 190) Acceptable)								
PALM BCH GARDENS FL 33410											
			City					FL Z	Zip Code		
	named entity submits this statement for	the purpose of changing its re	gistered office o	r registere	d agent, or b	oth, in the	State of Florida	ı. lam famili	ar with, a	and accept	
the obligations of registered agent.											
SIGNATURE											
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	egistered Agent signat	ture required w	when reinstating)			DATE			
F	ILE NOW!!! FEE IS \$150.00							,			
After May 1, 2003 Fee will be \$550.00					•		ampaign Financ Contribution.	ing [7]		May Be to Fees	
Make Check	Payable to Florida Department of				. 400 , 0.114	00.11.1001.011	~	710000	.0 1 000		
10.	OFFICERS AND D	IRECTORS	11.		ADDITION	S/CHANG	ES TO OFFICER	RS AND DIRE	ECTORS	IN 11	
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I hereby certify that the information supplied with this filling 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

SIGNATURE