


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000015191	
1. Entity Name BRAUN'S ENTERPRISES, INC.	

Principal Place of Business 17504 US HWY, #41N LUTZ, FL 33549	Mailing Address 17504 US HWY, #41N LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3692051	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOJARA, MARILYN
17504 US HWY, #41N
LUTZ, FL 33549**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOJARA, MARILYN 17504 US HWY, #41N LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAUN, ARTHUR 17504 HWY. 41 N LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAUN, HELEN I 17504 HWY 41 N LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, PAUL 17504 HWY. 41 N LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80043-001 150.00

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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: Marilyn Hojara Marilyn Hojara 4.7.07 813.949.4817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #