

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069623

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: BRAVO HELICOPTER CENTER CORP.

## Current Principal Place of Business:

19240 NW 60TH CT.  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

19240 NW 60TH CT.  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-1123289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRAVO, ADA F  
3600 SOUTH STAE ROAD 7, STE 220  
MIRAMAR, FL 33023 US

## Name and Address of New Registered Agent:

BRAVO, ADA F  
18459 PINES BLVD # 248  
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: ADA F BRAVO

06/30/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: BRAVO, DEMETRIO  
Address: 19240 NW 60TH CT.  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: BRAVO, VICTOR  
Address: 19240 NW 60 CT.  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: BRAVO, ERNESTO  
Address: 19240 NW 60 CT.  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: CHAVEZ, ROCIO  
Address: 19240 NW 60 CT.  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEMETRIO BRAVO

P

06/30/2005

Electronic Signature of Signing Officer or Director

Date