

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000110752	
1. Entity Name BRAVE, INC.	



Principal Place of Business 4574 ROBIN HOOD TRAIL SARASOTA, FL 34232	Mailing Address P O BOX 32110 SARASOTA, FL 34239
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FILED

04 AUG 26 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
94040019

7/22/04 90006029 \$150.00  
05122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3608776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**5. Name and Address of Current Registered Agent**

PEACOCK, LISA A 50 NORTH LAURA ST SUITE 1800 JACKSONVILLE, FL 32202
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**DO NOT WRITE  
IN THIS SPACE**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARDENAS, ROBERT 4574 ROBIN HOOD TRAIL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/27/04--01035--003 \*\*408.75

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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 or without other like empowered.

SIGNATURE: *[Signature]* Robert Cardenas May 25-04 941-809-2925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #