

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90013 001 ***150.00

DOCUMENT # P02000020036

1. Entity Name

BRAVO VIOLINS, INC.



Principal Place of Business

5000-18 HWY 17 #241
FLEMING ISLAND FL 32003

Mailing Address

5000-18 HWY 17 #241
FLEMING ISLAND FL 32003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2299 Lakeshore Dr. N.

City & State
Fleming Island FL

City & State

Zip

Country

Zip

Country

32003

Clay

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORAHAI, DIMITRIOS A
2220 HARBOR LAKE DRIVE
FLEMING ISLAND FL 32003

Name

Korahais, Dimitrios A

Street Address (P.O. Box Number is Not Acceptable)

2299 Lakeshore Dr. N.

City Fleming Island

FL

Zip Code 32003

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KORAHAI, DIMITRIOS	
STREET ADDRESS	2220 HARBOR LAKE DRIVE	
CITY-ST-ZIP	FLEMING ISLAND FL 32003	
TITLE	S	<input type="checkbox"/> Delete
NAME	KORAHAI, BETH	
STREET ADDRESS	2220 HARBOR LAKE DRIVE	
CITY-ST-ZIP	FLEMING ISLAND FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korahais, Dimitrios	
STREET ADDRESS	2299 Lakeshore Dr. N.	
CITY-ST-ZIP	Fleming Island FL 32003	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korahais, Beth	
STREET ADDRESS	2299 Lakeshore Dr. N.	
CITY-ST-ZIP	Fleming Island FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Beth Korahais Beth Korahais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04

Date

904.213.8319

Daytime Phone #