

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035160

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: BRAVO FOODSERVICE DISTRIBUTORS, INC.

## Current Principal Place of Business:

25 S ELLIS ROAD  
JACKSONVILLE, FL 32254

## New Principal Place of Business:

## Current Mailing Address:

25 S ELLIS ROAD  
JACKSONVILLE, FL 32254

## New Mailing Address:

FEI Number: 04-3645530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DAVID, LOUIS CPA  
12627 SAN JOSE BLVD  
SUITE 306  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

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:

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: D ( ) Delete  
Name: JAIME, RAYMUNDO L  
Address: 25 S. ELLIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete  
Name: JAIME, RAYMUNDO C  
Address: P.O. BOX 60691  
City-St-Zip: SAVANNAH, GA 314200691

Title: D ( ) Delete  
Name: JAIME, BERNARDINO  
Address: 12 SAN ANTON DRIVE  
City-St-Zip: SAVANNAH, GA 31419

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAYMUNDO L JAIME

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date