2008 FOR PROFIT CORPORATION ANNUAL REPORT

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUM 1. Entity Name BRAVO 1/7 Principal Place of 1134 NE 11TH FT. LAUDERDAI	7 INC. Of Business I AVE.				FII 08 MAY 14 CALLAHASS						
Suite, Apt. #, etc. Suite, Apt. #, etc. O4242008 Chg-P CR2E034 (12/66)	2. Principal Plac	ce of Busine	ess - No P.O. Box #									
Zap	Suite, Apt. #,	etc.		Suite, Apt. #, etc.				.,		488) II L aa i		
Specificate of Status Desired \$8.75 Additional \$9.75 Additional	City & State			City & State		l		· -	<u> </u>			
RAFT SHARON 4435 SW 26TH AVE. FT. LAUDERDALE, FL 33312 City FL Zip Code	Zip							5. Certificate of Status Desired \$8.75 Additional				
Stroet Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312 Stroet Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312 Stroet Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312 Stroet Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312 Stroet Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33312 Stroet Address (P.O. Box Number is Not Acceptable) FT. Lauderdal number of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered diffice or registered agent, or both, in the State		6. Name and Address of Current Registered Agent										
A435 SW 26TH AVE FT. LAUDERDALE. FL 33312 City FL Zip Code	VDAET OUA	. DON			Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent, or both, in the State of Florida. I am familiar with, and accidented by a precious of registered agent. B. CICHATION OF COMPANIES TO OFFICERS AND DIRECTORS IN 17 TITLE BOUDEAU, JAMES G ITHE MAME STREET ADDRESS ITHE ADDRES	4435 SW 26	TH AVE.	L 33312	Street Address (P.O. Box Number is Not Acceptable)								
B. 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 farvillar with, and acc the obligations of registered agent. SIGNATURE Signature. Signature of presented agent and side a spote sake. (NOTE: Registered Agent registered agent, or both, in the State of Florida. I am farvillar with, and acc the obligations of registered agent. FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MAKE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-ST-2P Change Add Add Add Add Change Add Add					City Tip Code							
SIGNATURE Signature, ypend or present increase of registered agent strot bit of applicable. (NOTE: Repaired Agent required when recisioning) DATE				FL Trans								
Signature in part of the presence again and also if application. INOTE: Regarded Jenes reconstal Jenes INOTE: Regarded Jenes INOTE: Re	the obligations of registered agent.											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE SIRET ADDRESS CITY-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P												
### After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ### A	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renssating) DATE											
TITLE MANE BOUDREAU. JAMES G 1134 NE 11TH AVE. TITLE MANE STREET ADDRESS 1134 NE 11TH AVE. TITLE MANE BOUDREAU. JOHN STREET ADDRESS 1134 NE 11TH AVE. TITLE MANE STREET ADDRESS 1134 NE 11TH AVE. TITLE MANE STREET ADDRESS 1134 NE 11TH AVE. TITLE MANE STREET ADDRESS CITY-ST-ZP MANE STREET ADDRESS CITY-ST-ZP TITLE MANE STREET ADDRESS CITY-ST-ZP MANE STREET ADDR								•				
TITLE MANE BOUDREAU, JAMES G STREET ADDRESS STREET	10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	DIRECTORS	S IN 11	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TITLE P	PVT		☐ Delete	TITLE					Change	☐ Addition	
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS 1	134 NE 1	1TH AVE.		nami Stre	E ET ADDRESS	067690	<u> 13092</u>	273 012 *	72 ☀150.00		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME B STREET ADDRESS 1	BOUDREA 1134 NE 1	1TH AVE.	☐ Delete	NAM! STRE	E ET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME	,		☐ Delete	TITLE NAME	[au			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	•	126/21)	CITY-	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	•	Alsu,	☐ Delete	NAMI STRE	E Et address				☐ Change	Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			□ Oetete	NAME STREE	E ET ADDRESS				☐ Change	Addition	
31. 01. 0	NAME STREET ADDRESS			☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
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 informatic 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 direct 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												

Daytime Phone #