2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119549

Entity Name: BRAGGENRITES INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6889 NW 175 ST #A-106 PO BOX 171225 MIAMI, FL 33015 PO BOX 171225 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

P.O. BOX 171225 MIAMI, FL 330171225

FEI Number: 04-3721049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERRERA, FELIX I 6889 NW 175 ST #A-106 MIAMI, FL 33015 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HERRERA, FELIX I Name: HERRERA, FELIX I

 Address:
 6865 NW 169 ST #B
 Address:
 PO BOX 171225

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33017

 Name:
 MCDONALD, AMAL
 Name:
 MCDONALD, AMAL

 Address:
 731 NW 108 TERRACE APT 102
 Address:
 PO BOX 171225

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:
 MIAMI, FL 33017

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SOSA, PHILLIP
 Name:
 TAVAREZ, JOSE

 Address:
 16574 NW 20 STREET
 Address:
 PO BOX 171225

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 MIAMI, FL 33017

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: JOSE TAVAREZ VP 04/29/2005