


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000125584  
1. Entity Name  
BRAVI BAMBINI, INC.



Principal Place of Business  
90 EDGEWATER DRIVE  
APT. 324  
CORAL GABLES, FL 33133

Mailing Address  
90 EDGEWATER DRIVE  
APT. 324  
CORAL GABLES, FL 33133



**DO NOT WRITE IN THIS SPACE**

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0904308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOREANI, MONICA  
90 EDGEWATER DRIVE  
APT. 324  
CORAL GABLES, FL 33133

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	PVST FLOREANI, MONICA 90 EDGEWATER DRIVE CORAL GABLES, FL 33133
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02/20/04-80051-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X *M. Floreani* 2-15-04 (305) 338-8982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #