

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000082561

I. Entity Name
BRAVO AIR CONDITIONING, INC.



FILED
Apr 30, 2005 08:00 AM
Secretary of State

Principal Place of Business
4168 INVERRARY DRIVE
FORT LAUDERDALE, FL 33319 US

Mailing Address
4168 INVERRARY DRIVE
FORT LAUDERDALE, FL 33319 US



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1199417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROGIC, IVICA
4168 INVERRARY DRIVE
FORT LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

3. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGIC, IVICA
STREET ADDRESS	4168 INVERRARY DRIVE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000350570
05/02/05-80111-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVICA ROGIC

03/05/2005
Date

954-818-5686
Daytime Phone #