

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT #</b> P03000138857			
<b>1. Entity Name</b> Bravo + Partners 1736 Corp.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> 7920 SW 58 ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> Same as Principal Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, Florida		<b>City &amp; State</b>	
<b>Zip</b> 33143	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 16-1688421		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Name Armando Bravo		Name Armando Bravo	
Street Address (P.O. Box Number is Not Acceptable) 7920 SW 58 ST		Street Address (P.O. Box Number is Not Acceptable) 7920 SW 58 ST	
City Miami		City Miami	
State FL		State FL	
Zip Code 33143		Zip Code 33143	
<b>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.</b>			
<b>SIGNATURE:</b>		<b>DATE:</b> 10/26/04	
Signature, name and title of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)		Signature, name and title of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P/D	<b>NAME</b> Bravo, Armando	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7920 SW 58 ST	<b>STREET ADDRESS</b> 900042521949	<b>STREET ADDRESS</b> 11/05/04--01041--009 **150.00	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Miami, FL 33143	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> NAME	<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> NAME	<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>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.</b>			
<b>SIGNATURE:</b>		<b>DATE:</b> 10/26/04 (305) 343-2505	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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04 NOV -5 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

05182004 Chg-P CR2E034 (10/03)

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Bravo & Partners 1736, Corp.  
7920 SW 58 St  
Miami, FL 33143

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P03000138857

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,



Armando Bravo