


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90031 033 ***150.00

DOCUMENT # P04000057773

1. Entity Name
THE BRA CLIP, INC.



Principal Place of Business
**POST OFFICE BOX 120583
 FORT LAUDERDALE, FL 33312**

Mailing Address
**POST OFFICE BOX 120583
 FORT LAUDERDALE, FL 33312**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
965 N. Nob Hill #303
 Suite, Apt. #, etc.

City & State
Plantation, FL

City & State
Plantation, FL

Zip
33324

Country
Brandon

05152007 Chg-P CR2E034 (12/06)

4. FEI Number
38-3700070

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAREN B. SCHAPIRA, PA
 7420 NW 5TH STREET
 SUITE 110
 PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name
Karen B. Schapira, PA Kosfsky + Assoc.

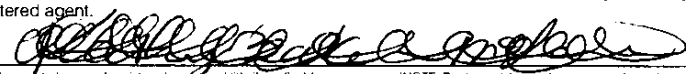
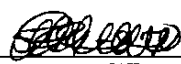
Street Address (P.O. Box Number is Not Acceptable)
200 SE 13th Street Ste 705

City
Miami

State
FL

Zip Code
33131

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
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution **\$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.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE P | BAKER, KATHY <input type="checkbox"/> Delete | TITLE P | Baker, Kathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS POST OFFICE BOX 120583 | | STREET ADDRESS 965 N. Nob Hill Rd #303 | |
| CITY-ST-ZIP FORT LAUDERDALE, FL 33312 | | CITY-ST-ZIP Plantation, FL 33324 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 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:  Date **5-14-07** Daytime Phone # **800-906-9764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR