

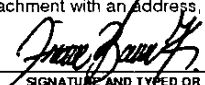


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90065 040 ***150.00

DOCUMENT # P04000094384 1. Entity Name V & I BRAVO SERVICES CORP.					
Principal Place of Business 243 SW 36TH AVE MIAMI FL 33135				Mailing Address 243 SW 36TH AVE MIAMI FL 33135	
2. Principal Place of Business 7034 SW 114 PL Suite, Apt. #, etc. # G City & State MIAMI, FL Zip 33173		3. Mailing Address 7034 SW 114 PL Suite, Apt. #, etc. # G City & State MIAMI, FL Zip 33173		 1st MOORE CR2E034 (10/04)	
City & State MIAMI, FL Zip 33173		City & State MIAMI, FL Zip 33173		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, VICTOR F 243 SW 36TH AVE MIAMI FL 33135				7. Name and Address of New Registered Agent Name BRAVO, VICTOR F. Street Address (P.O. Box Number is Not Acceptable) 7034 SW 114 PL #G City MIAMI FL Zip Code 33173	
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAVO, VICTOR F 243 SW 36TH AVE MIAMI FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAVO, VICTOR F. 7034 SW 114 PL #G MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, IDALIA P 243 SW 36TH AVE MIAMI FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, IDALIA P. 7034 SW 114 PL #G MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  VICTOR F. BRAVO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-25-2005 786-210-0556 Date Daytime Phone #		