


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000108114</b> 1. Entity Name <b>BRAVO PIZZA, INC.</b>	
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Principal Place of Business <b>1080 LAKE SUMTER LN. LAKE SUMTER, FL 32162</b>	Mailing Address <b>1080 LAKE SUMTER LN. LAKE SUMTER, FL 32162</b>
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DO NOT WRITE IN THIS SPACE



02192007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-1245777</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

BLANCHARD, DOCK A ESQ.  
4 SE BROADWAY ST.  
OCALA, FL 34471

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	FELLUS, KENNY
STREET ADDRESS	4 GREEN DR
CITY-ST-ZIP	ROSLYN, NY 11576
TITLE	V
NAME	ARAGON, MILAGROS
STREET ADDRESS	3240 SW 34TH ST #406
CITY-ST-ZIP	OCALA, FL 34474
TITLE	V
NAME	LAGUNES, JORGE
STREET ADDRESS	3240 SW 34TH ST #406
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/07-80026-024 150.00

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: Kenny Sellers    Vice Pres.    2/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #