


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1245777	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

DO NOT WRITE
IN THIS SPACE

U00000648878
 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: <u>Kenny Sellers</u> Vice Pres. 2/21/07	Date: _____ Daytime Phone #: _____
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