

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000136337

1. Entity Name
BRAVO COMMUNICATION CORP.



Principal Place of Business
8879 SW 131 CT #210
MIAMI, FL 33186

Mailing Address
8879 SW 131 CT #210
MIAMI, FL 33186

FILED
07 AUG 23 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

08222007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
56-2482309

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIGUEL, JORGE D
8879 SW 131 CT #210
MIAMI, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
MIGUEL, JORGE D
8879 SW 131 CT #210
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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8879 SW 131 CT #210
MIAMI, FL 33186 ☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
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08/31/07--01010--019 **150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/07

Date

Daytime Phone #