2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000089603 1. Entity Name BRAVO REAL ESTATE SOLUTIONS, INC.								SECRETARY OF STATE DIVISION OF CORPORATIONS 37 OCT 17 AM 10: 26				
Principal Place of Business 235 N. ORANGE AVENUE #101 SARASOTA, FL 34236				lailing Address 235 N. ORANGE AVENI ARASOTA, FL 34236		<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a) 44 (a) 14(a)		11 48 1 11 1 88 1
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				08242007	Chg-P	CR2E	034 (12/06)	
City & State				City & State				4. FEI Numbe 20-334				oplied For ot Applicable
Zip				Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Curren	Regis	stered Agent		7. Name and Address of New Registered Agent Name						
HEIMANN, THOMAS 235 N. ORANGE AVENUE #101 SARASOTA, FL 34236						Street Address (P.O. Box Number is Not Acceptable)						
						City Zip Code						
								<u>.</u>		FI	<u>- ´ </u>	
	named entit tions of regist	y submits this statement f tered agent.	or the p	purpose of changing its	register	ed office or	register	ed agent, or bot	th, in the State of Fl	orida. I am	n familiar with,	and accept
-		· ·										
SIGNATURE	Signature, typed	or printed name of registered agen	t and title	if applicable. (NOT	E: Registere	d Agent signatu	ure required	when reinstating)		DATE		
Am	ended Al	R is \$61.25		9. Election Campa Trust Fund Con	_	ncing		.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS 11.					ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	P,D	LTUCKAC	☐ Delete							Change	☐ Addition	
NAME STREET ADDRESS	HEIMANN, THOMAS RESS 235 N. ORANGE AVE #101			NAM STRE			800110725298 10/12/0701018024 ##131.25					
CITY-ST-ZIP	1	TA, FL 34236				-ST-ZIP	10/12/0701018024 **131.25					
TITLE	∕ø ,D			☐ Delete	TITLI		D			_	C hange	☐ Addition
NAME STREET ADDRESS	KARASY, PAMELA 235 N. ORANGE AVE #101 STR						KA	easy,	PAMELA ORANG	7		
CITY-ST-ZIP						ET ADDRESS - ST- ZIP	230	. NORA	+ ORANG	EA	UE #10	2/
TITLE	-	<u> </u>		☐ Delete	TITL		541	14507A	E 342	36	☐ Change	Addition
NAME					NAM	_		•				_
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE	 			Oelete	TITLE		\mathcal{D}				☐ Change	Addition
NAME				Uelele	NAM	E	BRI	AN Mc	HUGH LANGE A LIFL 34		change	Addition
STREET ADDRESS						ET ADDRESS	234	5 Ni OI	LANGE A	HE A	<i>‡101</i>	
CITY-ST-ZIP						-ST-ZiP	SAI	2ASOTI	t, FL 34	236	<u> </u>	
TITLE NAME				☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL			_	1 1		☐ Change	☐ Addition
NAME Street address					NAM STRE	E Et address	(1) 11	Mala	`		
CITY-ST-ZIP						-ST-ZIP		6 1	'])		
12. I hereby	certify that th	e information supplied wit rt or supplemental report	h this i	filing does not qualify for	or the ex	emptions of	ontained	d in Chapter 119	Florida Statutes.	further ce	ertify that the in	nformation
of the cor changed	rporation or t , or on an att	he receiver or trustee emp achment with an address	owere with a	d to execute this report	as requi	red by Cha	apter 607	7, Florida Statute	s; and that my nam	ne appears	in Block 10 o	r Block 11 if

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Out of the signature and typed or printed Name of Signing Officer of Director Out of the signing of the signin