

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90022 038 ***150.00

DOCUMENT # P05000095995

1. Entity Name
BRAVA CHIC, INC.



Principal Place of Business
**1100 WEST AVE. #1510
MIAMI BEACH, FL 33139**

Mailing Address
**1100 WEST AVE. #1510
MIAMI BEACH, FL 33139**

50009537



2. Principal Place of Business
1900 SUNSET HARBOR DR

3. Mailing Address
1900 SUNSET HARBOR DR

Suite, Apt. #, etc.
APT 2301

Suite, Apt. #, etc.
APT 2301

04032006 Chg-P CR2E034 (11/05)

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEL Number
20-3112962

Applied For
Not Applicable

Zip
33139

Country

Zip
33139

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALKAS, MARTTI
254 SE 1ST STREET
SUITE 225
MIAMI, FL 33131**

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**D
ALESSANDRINI, DAVID
1100 WEST AVE. #1510
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
1900 SUNSET HARBOR DR (PURCHASE AVE) #2301
MIAMI BEACH, FL 33139** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
ANDRAGA FUZON
1900 SUNSET HARBOR DR #2301
MIAMI BEACH, FL 33139** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/06