

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121637

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: BRACCA INC.

## Current Principal Place of Business:

9999 SUMMERBREEZE DR.  
113  
SUNRISE, FL 33322

## New Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY  
130  
SUNRISE, FL 33323

## Current Mailing Address:

9999 SUMMERBREEZE DR.  
113  
SUNRISE, FL 33322

## New Mailing Address:

FEI Number: 20-3206526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VELASQUEZ, VERONICA M  
9999 SUMMERBREEZE DR.  
# 113  
SUNRISE, FL 33322 US

## Name and Address of New Registered Agent:

VELASQUEZ, VERONICA M MRS.  
9999 SUMMERBREEZE DR.  
# 113  
SUNRISE, FL 33322 US

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.

SIGNATURE: VERONICA VELASQUEZ      07/05/2006  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAROFILIS, FABIOLA A ENG.  
Address: 5351 SW 38TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete  
Name: BRAVO, DANIEL J ENG.  
Address: 5351 SW 38TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S ( ) Delete  
Name: VELASQUEZ, VERONICA  
Address: 9999 SUMMERBREEZE DR. # 113  
City-St-Zip: SUNRISE,, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAROFILIS, FABIOLA A MRS.  
Address: 10624 NW 43 CT  
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change ( ) Addition  
Name: BRAVO, DANIEL J MR  
Address: 10624 NW 43 CT  
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIOLA CAROFILIS      P      07/05/2006  
Electronic Signature of Signing Officer or Director      Date