2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P06000093156 1. Entity Name BRAC HOLDINGS, INC.							7 90005 017 ***15	
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Principal Place		Mailing Address		30-				
8360 W FLAGLER ST STE 200		8360 W FLAGLER ST STE 200		• • • • • • • • • • • • • • • • • • • •				
MIAMI, FL 331	44	MIAMI, FL 33144			! 	KIN BURU COUR ONIU DI	NIN MENIN INION CHON ANDRE BRICK OF	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number		⊢ + `	oplied For ot Applicable	
Zip	Country	Zip	Country	у	5. Certificate of	Status Desired	\$8.75 Add	titionat
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent	
BELCASTRO, JUAN C				Name				
8360 W FLA				Street Address (P.O. Box Number	is Not Acceptab	le)	
STE 200	22444		-					<u></u>
MIAMI, FL 3	33 144 (N)		-	City			Zip Cod	e
				•	<u> </u>		FL	
	amed entity submits this statement for ns of registered agent.	or the purpose of changing its r	registered	d office or register	red agent, or both	, in the State of F	iorida. Tam familiar with,	ano accept
OLONIATURE								
SIGNATURE	gnature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered	Agent signature required	d when reinstating)		DATE	
	NOW!!! FEE IS \$150.00 7 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
			TITLE				☐ Change	Addition
	2220.101110101111		NAME STREET	T ADDRESS				
	MIAMI, FL 33144		CITY-S	l l				
TITLE	<u> </u>	☐ Delete	TITLE				☐ Change	☐ Addition
NAME .			NAME	T ADDRESS				
STREET ADDRESS			CITY-S	,				
TITLE		☐ Đelete	TITLE			 -	Change	Addition
NAME			NAME	1				
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADORESS ST-7IP				
TITLE		☐ Delete	TITLE	V. 211			☐ Change	Addition
NAME		_ Dolotto	NAME					_
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		F	CITY-S	SI-ZIP			Change	Addition
TITLE NAME		Delete	NAME				[] Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-5	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				
	ertify that the information supplied with	h this filing does not qualify for	r the exer	mptions contained	d in Chapter 119,	Florida Statutes	I further certify that the	nformation

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Tollida Statutes. Filling a certify that the information indicated on this report or suppliemental 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

Dat

Daytime Phone #