

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90023 050 \*\*\*150.00

<b>DOCUMENT # P92000007370</b> 1. Entity Name <b>BRAVO PROVISIONS, INC.</b>			
Principal Place of Business 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695 US		Mailing Address 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695 US	
2. Principal Place of Business <b>2609 CRYSTAL CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2609 CRYSTAL CIR</b> Suite, Apt. #, etc.	
City & State <b>DUNEDIN FLORIDA</b> Zip <b>34698</b> Country		City & State <b>DUNEDIN FLORIDA</b> Zip <b>34698</b> Country	
6. Name and Address of Current Registered Agent  <b>MISTRETTA, PAUL</b> <b>1005 HARBOR LAKE DR</b> <b>SAFETY HARBOR, FL 34695</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>2609 CRYSTAL CIR</b> City <b>DUNEDIN</b> <b>FL</b> Zip Code <b>34698</b>	
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 _____ (NOTE: Registered Agent signature required when re-instating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MISTRETTA, PAUL 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MISTRETTA, BARBARA 1005 HARBOR LAKE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE: <u>Barbara A. Mistretta</u> / <u>Barbara A. Mistretta</u> 1-6-06 727-787-7294</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			