

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081757

FILED  
Jun 03, 2006  
Secretary of State

Entity Name: BRACHA SERVICES CORPORATION

## Current Principal Place of Business:

4008 GREENHARK LN  
VALRICO, FL 33594

## New Principal Place of Business:

4008 GREENMARK LN  
VALRICO, FL 33594

## Current Mailing Address:

4008 GREENHARK LN  
VALRICO, FL 33594

## New Mailing Address:

4008 GREENMARK LN  
VALRICO, FL 33594

FEI Number: 59-3217217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUFROD, BRACHA  
4008 GREENMARK LANE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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: PD ( ) Delete  
Name: BUFORD, BRACHA  
Address: 4008 GREENMARK LANE  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRACHA BUFORD

PRES

06/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date