

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000004927
 1. Entity Name
 BRASWELL & SALLATO, P.A.



Principal Place of Business	Mailing Address
9990 SW 77 AVE. STE 311 MIAMI, FL 33156	9990 SW 77 AVE. STE 311 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0461324	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALLATO, MARIA T
 9990 SW 77 AVE.
 STE 311
 MIAMI, FL 33156

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, LINDA S 9990 SW 77TH AVENUE, STE., 303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLATO, MARIA T 9990 SW 77TH AVENUE, STE., 303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/04/05-80018-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: maria T. Sallato 4/1/05 (305) 598-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #