


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90097 031 ***150.00

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1. Entity Name
BRAVO AND ASSOCIATES, INC.




Principal Place of Business: 3663 S.W. 8 ST., 209, MIAMI, FL 33135 US

Mailing Address: 9735 NW 52ND ST, APT 116, *Doral* MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE

44047370



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0722748 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAVO, CARLOS J
 9735 N.W. 52ND STREET APT #116
 MIAMI, FL 33178
Doral

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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: *Carlos J. Bravo* *Carlos J. Bravo* DATE: *6-30-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PVST	NAME: BRAVO, MARIA E
STREET ADDRESS: <i>Doral</i> 9735 NW 52ND ST, APT 116	CITY-STATE-ZIP: MIAMI, FL 33178
TITLE: DC	NAME: BRAVO, MARIA E
STREET ADDRESS: 9735 NW 52ND ST, APT 116	CITY-STATE-ZIP: <i>Doral</i> MIAMI, FL 33178
TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:

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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 E Bravo* MARIA E. BRAVO DATE: *6-30-04* / (305) 592-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR