
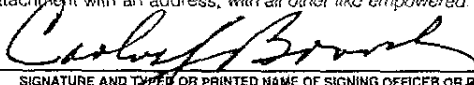


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000101158 <small>1. Entity Name</small> BRAVO AND ASSOCIATES, INC.		
<small>Principal Place of Business</small> 3663 S.W. 8 ST. 209 MIAMI FL 33135 US		<small>Mailing Address</small> 9735 NW 52ND ST APT 116 DORAL FL 33178 US
<small>2. Principal Place of Business</small> Suite, Apt #, etc.	<small>3. Mailing Address</small> Suite, Apt #, etc.	
<small>City & State</small>		<small>City & State</small>
<small>Zip</small>	<small>Country</small>	<small>4. FEI Number</small> 65-0722748
<small>6. Name and Address of Current Registered Agent</small> BRAVO, CARLOS J 9735 N.W. 52ND STREET APT #116 DORAL FL 33178		<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
<small>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</small> SIGNATURE _____ DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<small>10. OFFICERS AND DIRECTORS</small>		<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PVST <input type="checkbox"/> Delete BRAVO, MARIA E 9735 NW 52ND ST, APT 116 MIAMI FL 33178	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</small>		
SIGNATURE: 		4-1-06 <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



1st MOORE CR2E034 (10/05)

Applied For
Not Applicable

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

U00000513107
04/29/06-80116-011 150.00