

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 030 \*\*\*158.75

**DOCUMENT # P96000101594**

1. Entity Name  
**BRADEN RIVER AUTOMOTIVE INC.**



Principal Place of Business  
**5129 53RD AVE. EAST (SR 70)  
BRADENTON, FL 34203**

Mailing Address  
**5129 53RD AVE. EAST (SR 70)  
BRADENTON, FL 34203**

40003040



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0723201**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**  
Fee Required

**6. Name and Address of Current Registered Agent**

**DE PASTINO, EUGENE  
6242 98TH ST. EAST  
BRADENTON, FL 34202**

**8932 MANOR LOOP  
#203**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-07**

**FILE NOW!!! FEE IS \$150.00 ✓  
After May 1, 2007 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  
DE PASTINO, EUGENE  
6242 98TH ST. EAST  
BRADENTON, FL 34202**

**8932 MANOR LOOP  
#203**

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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-07**