

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 003 ***150.00

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DOCUMENT # P98000095281 1. Entity Name BRAKHA, INC																																																																																																																								
Principal Place of Business 19390 COLLINS AVE. #1604 SUNNY ISLES, FL 33160			Mailing Address 19390 COLLINS AVE. #1604 SUNNY ISLES, FL 33160																																																																																																																					
2. Principal Place of Business 19390 COLLINS AVE. #1407 SUNNY ISLES, FL		3. Mailing Address 19390 COLLINS AVE #1407 SUNNY ISLES, FL																																																																																																																						
Suite, Apt. #, etc. #1407		Suite, Apt. #, etc. #1407																																																																																																																						
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Zip 33160		Country USA		Zip 33160																																																																																																																				
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4. FEI Number 65-0891728			Applied For <input type="checkbox"/> Not Applicable																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																								
6. Name and Address of Current Registered Agent MAZOUZ, RONI 19390 COLLINS AVE. #1604 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name MAZOUZ, RONI Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AVE., #1407 City SUNNY ISLES FL Zip Code 33160																																																																																																																					
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 AUGUST 5, 2005 <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P MAZOUZ, RONI</td> <td>19390 COLLINS AVE. #1604</td> <td>NORTH MIAMI BEACH, FL 33160</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P MAZOUZ, RONI	19390 COLLINS AVE. #1604	NORTH MIAMI BEACH, FL 33160							TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																													
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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: DATE AUGUST 5, 2005 Daytime Phone # 305-799-8572 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																								

ATTACHMENT

Brakha, Inc.
19390 Collins Avenue, #1407
Sunny Isles, FL 33160
Tel: 305-799-8572

52060948
#P98 00009581

August 5, 2005

Attn: Division of Corporations.

Dear Sir, Dear Madam:

Having Moved in January of this year to a new address, I have not received the 2005 Annual Business report that you usually send, although my address has been forwarded with the United States Post Office.

However, I recently received this "notice of intent to dissolve" and would like to solve this matter promptly.

I would like to apologize for this delay, and I am enclosing my 2005 Annual Business Report along with a \$150.00 Check.

Thank you again for your consideration.

Sorry again about the delay.

Sincerely,



Roni Mazouz
President.