


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000101745</b> 1. Entity Name BRAVO RECORDS & PRODUCTIONS, INC.	
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Principal Place of Business 3102 HOLLAND DRIVE ORLANDO, FL 32825	Mailing Address 3102 HOLLAND DRIVE ORLANDO, FL 32825
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3545900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BRAVO, ADALBERTO JR.  
2119 CARIBBEAN DR., S.  
KISSIMMEE, FL 34741

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000054602 02/17/04-80003-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRAVO, ADALBERTO JR. 3102 HOLLAND DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAVO, ADALBERTO SR. 2119 CARIBBEAN DR., S. KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-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)(f), 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: 	2/12/04 (407)281-3752
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>