


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000101745 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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01/05/07-80001-011 150.00

**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:  **1/3/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #