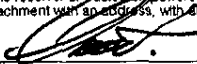


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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014645			
1. Entity Name BRAGE FLORIDA HOME, INC.			
Principal Place of Business 4411 PINE RIDGE RD NAPLES, FL 33119		Mailing Address 860 S.E. 3RD PLACE HIALEAH, FL 33010	
2. Principal Place of Business 4411 PineRidgeRd		3. Mailing Address 860 SE 3rd Pl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL 33119		City & State Hialeah FL	
Zip 33119	Country US	Zip 33010	Country US
4. Name and Address of Current Registered Agent MIRABAL, ARNALDO M 860 SOUTHEAST 3RD PLACE HIALEAH, FL 33010		4. FEI Number 65-0908529	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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's signature required when reinstating)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MIRABAL, ARNALDO	NAME	Arnaldo Mirabal
STREET ADDRESS	860 SOUTHEAST 3RD PLACE	STREET ADDRESS	860 SE 3rd Pl
CITY-ST-ZIP	HIALEAH, FL 33010	CITY-ST-ZIP	Hialeah FL 33010
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CARRASCO, JOSE	NAME	600024818486
STREET ADDRESS	311 8TH ST NE	STREET ADDRESS	11/18/03--01093--001
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	*\$61.25
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 another like empowered.			
SIGNATURE: 		11-16-03 239-825-5049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Arnaldo Mirabal			