

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000088232

1. Entity Name
BRAVA INTERNATIONAL FOODS, INC.



FILED

05 MAY -2 PM 3:51

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
444 BRICKELL AVENUE
SUITE 720
MIAMI, FL 33131

Mailing Address
2665 S. BAYSHORE DR
SUITE 703
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0956757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC
2665 S. BAYSHORE DR., STE 703
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name Mitchell S. Polansky

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, #703

City Miami

FL 33133

8. The above named entity adopts 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.

Mitchell S. Polansky 4/28/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ACOSTA-RUBIO, ARIEL
STREET ADDRESS 2665 S. BAYSHORE DR. #703
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE DVS
NAME BRAVO, MARIA A
STREET ADDRESS 2665 S. BAYSHORE DR. #703
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 supplementary 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: Mitchell S. Polansky

4/28/05 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #