

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000088232

1. Entity Name
BRAVA INTERNATIONAL FOODS, INC.



FILED

06 MAY -8 PM 2:03

SECRETARY OF STATE
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

03092006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

POLANSKY, MITHCELL S
2665 S. BAYSHORE DR., STE 703
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900075890719
06/06/06--01047--003 **1800.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

(305) 858-9900

Date

Daytime Phone #