



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000088232						FILED 07 MAY 14 PM 1:08 CLERK OF THE STATE TALLAHASSEE, FLORIDA 	
1. Entity Name BRAVA INTERNATIONAL FOODS, INC.							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Number 65-0956757			
Zip		Country		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				7. Name and Address of New Registered Agent			
POLANSKY, MITHCELL S 2665 S. BAYSHORE DR., STE 703 MIAMI, FL 33133				Name Mitchell S. Polansky			
				Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703			
				City Miami, FL Zip Code 33133			
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 <u>Mitchell S. Polansky</u>				DATE <u>4/27/07</u>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACOSTA-RUBIO, ARIEL			NAME	300102530813		
STREET ADDRESS	2665 S. BAYSHORE DR. #703			STREET ADDRESS	05/30/07--01032--016 **1100.00		
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAVO, MARIA A			NAME			
STREET ADDRESS	2665 S. BAYSHORE DR. #703			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 another like empowered.							
SIGNATURE: <u>Mitchell S. Polansky</u>				DATE <u>4/27/07</u> (305) 858-9900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			