CR2E034 (10/02)

FILED

03 MAY -2 PM 3:58

(305) 858-9900

Date

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000088232

1. Entity Name

SIGNATURE:

BRAVA INTERNATIONAL FOODS, INC.

									SHUKUTAS	Y OF	STATE		
Principal Place of Business 2665 S. BAYSHORE DR.: STE. 703 MIAMI FL 33133				Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI FL 33133			-	A supplied	SEURCTAT ALLAHAS		، ديا.	ر). مُلَّلُكِ	
2. Principal P 444 Br	lace of Busin		3	. Mailing Address				1 30011001 141	I KANTA MANTI ABNIT ABN	ili ed ili edil	1 10101 10110 111		l iksi (psi
Suite, Apt. #, etc. Suite 720				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State Miami, Florida				City & State				4. FEI Number 65-0956757 Applied For Not Applicable					
Zip 33131	Country USA			Zip Cour		try	5. Certificate of Status Des		atus Desired	\$8.75 Additional Fee Required			nal
6. Name and Address of Current				istered Agent				7. Name and Add	iress of New Re	gistered	Agent		
						Name							
WORLD CORPORATE SERVICES, INC				<u> </u>			Street Address (P.O. Box Number is Not Acceptable)						
2665 S. BAYSHORE DR., STE 703						000.71							
MIAMI FL	. 33133												
						City				FL	Zip Co	 ode	
8. The above	named entity	submits this	statement for the	purpose of changing its	register	ed office or	registered	d agent, or both, in	the State of Flor	ida. I am	familiar with	n, and	accept
	ions of registe			, , , , , , , , , , , , , , , , , , ,	. 3		•	•					•
SIGNATURE _	Signature, typed of	or printed name of	registered agent and tit	le if applicable. (NOT	E: Registere	d Agent signate	ure required w	hen reinstating)		DATE			 ·
After	ILE NOW!!! May 1, 200 Payable to	3 Fee will t		ate					n Campaign Fina und Contribution			00 M ed to F	lay Be Fees
10.		OFF	ICERS AND DIR	ECTORS	11.			ADDITIONS/CHA	NGES TO OFFI	CERS AN	DIRECTO	RS IN	11
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NAME	BRAVO, N	IARIA A			NAM	É	l '				_ •		
STREET ADDRESS		AYSHORE	DR. #703		STRE	ET ADDRESS	2665	o, <u>Ma</u> ria <i>P</i> S. Baysho	t. re Drive	#70·	2		
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indicated of the corp changed,	ertify that the on this report poration or the or on an atta	information (of suppleme e receiver or chiment Mita	supplied with this ental report is true trustee empower ar address, with	fling does not qualify for and accurate and that redito execute this report all other like empowered	i the exe my signat as requii	mption stat ture shall h red by Cha	ed in Sect ave the sa pter 607, I	uon 119.07(3)(1), Flo ime legal effect as i Florida Statutes; an	orida Statutes. I if made under oa d that my name	ath; that I a appears i	uny that the am an office n Block 10 (niorn r or di or Bloc	irector ck 11 if

Ariel Acosta-Rubio 3/4/03

ED NAME OF SIGNING OFFICER OR DIRECTOR